PLEA

County. Ernmitsburg, Md. City or town. Ernmitsburg, Md. City or town. Ernmitsburg, Md. City or town. Cit countide city or received. End of the RURAL and give nearest town.  How long in above place of death. How long in hospital or institution. or street address where death occurred:  Street No.  (If outside city or received. Hospital, institution, or street address where death occurred:  Street No.  (If outside city or received. Hospital, institution, or street address where death occurred:  Street No.  (If outside city or received. Hospital, institution, or street address where death occurred:  Street No.  (If outside city or received. City or town. Entmitsburg.  A State Maryland  (If outside city or received. City or town.  Street No.  (If outside city or received. City or received. City or town.  (If outside city or received. City or received. City or lown.  (If outside city or received. City or	birth date	shown	on:		PARTMENT OF HEALTH as St., Baltimore E OF DEATH
Albert Phillip Adelsberger  4. Sex	County	Sburg, city or town line 2 44	Md .  nite, write Ri  Years  eath occurred	URAL and give nearest town)	City or town (If outside city or to Street No. (If recommended)
Male  Male  White  Married  8.(a) Single, married, widowec, or divorced  Married  8.(b) Name of husband or wite  Carrie Agnes Miller Adels  8.(c) Name of husband or wite  Carrie Agnes Miller Adels  8. accessed (me., day, yr.)  October 27, 1288 / 982  8. Accessed (me., day, yr.)  Months  9. Birthplace  Frederick County, Maryland  (Town, county, and state)  10. Usual occupation.  Laborer  11. Industry or business  12. Name Thomas J. Adelsberger  13. Birthplace  Frederick County, Maryland  14. Maiden name  Maria Florence  15. Birthplace  Frederick County, Maryland  Major findings of perstions.  Major findings of perstions.  Major findings of perstions.  Malopsy results.  PHYSICIAN: Please underline the comonth) (day) (year)  Cemetery or crematory. Mt. Vièw Cemetery  (City  Where did injury occur?  Where did injury occur?  Where did injury occur?  (City		16	Db 4 7 1	1- A3-1-b	
Male white married  6.(6) Name of husband or wile Carrie Agnes Miller Adels  6.(6) Name of husband or wile Agnes Agne					
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  66 1 4 hrs. min.  9. Birthplace Trederick County, Maryland (Town, county, and state)  10. Usual occupation. Laborer  11. Industry or business  12. Name Thomas J. Adelsberger  13. Birthplace Frederick County, Maryland  14. Maiden name Maria Florence  15. Birthplace Frederick County, Maryland  16. Informant Office County, Maryland  17. Birth date of deceased (mo., day, yr.)  18. Informant Office County, Maryland  19. Burial  10. Usual occupation. Laborer  11. Industry or business  12. Name Thomas J. Adelsberger  13. Birthplace Frederick County, Maryland  14. Maiden name Maria Florence  15. Birthplace Frederick County, Maryland  16. Informant Office County, Maryland  17. Birth date of deceased (mo., day, yr.)  18. Informant Office County, Maryland  19. Burial  10. Usual occupation. Laborer  11. Industry or business  12. Name Thomas J. Adelsberger  13. Birthplace Frederick County, Maryland  14. Maiden name Maria Florence  15. Birthplace Frederick County, Maryland  16. Informant Office County, Maryland  17. Birth date of deceased (mo., day, yr.)  18. Informant Office County, Maryland  19. Burial Date thereof Dec. 4, 1948  19. County (Incipite pregnancy Major findings of decations of deceased the county of the conditions of deceased the county of the coun					20, DATE OF DEATH
(Town, county, and state)  Laborer  10. Usual occupation	7. Birth date of deceased (mo., day, yr.)  8. AGE: Years	Octob	6.(c Der 27	11 alive, give age	and that I last saw h. Acraalive on Immediate cause of death
18. Funeral director	10. Usual occupation	Labore  J. Adlerick  Aria Finederic  itsbur  moval, Which?)  Mt. Vi	delsb Coun lorenck Co y Ma g, Md Date there ew Co	erger ty, Maryland ce unty, Maryland  Location Dec. 4, 1948 (month) (day) (year) metery land	Due to

1	
465	
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2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:
state Maryland Emmitsbur	County Frederick
Street No(If rural, g	rive LOCATION)
2.(a) 11 veteran, name war	
	3. (b) Social Security Number
MEDICAL 20. DATE OF DEATH	CERTIFICATION 8 8 4
and that I tast saw h. Assaalive on	ON 30 1940
	ilress 10 me
Due to	
Dither conditions when the graph of the conditions of the conditio	word - 3 yrs
Major findings of operations	Date of op.
Antopsy results	which death should he charged statistically.
22. VIOLENCE: It death was due to external	causes, fill in the tollowing:
Accident, suicide, or homicide	Date of
Where did injury occur?(City or tow	n) (County) (State)
Injured at home, farm, Industry, public place	(where?)

DEC 10 1948

Lariab taren Length (III)

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

938

# CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DE.	ATH:			2. USUAL RESIDENCE ( (For newborn infants g	HOME) OF	DECEASED:			
CountyFre	ederick -	Rural		sizie Maryland	State Maryland county Frederick				
Frederick - Rural  City or form   Frederick - Rural  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Lifetime  Nacolial institution or street address where death occurred:				City or Law Fred	City or tem. Frederick (If outside city or town limits, write RURAL and give nearest town)				
How long in above place Hospital, institution, or	of death?	Te office	••••••••••••••••••••••••••••••••••••••				areat town)		
moshirari misuramoni or	Sticet Engless where		••	Street No. 250 Eas	(If rural, give L	OCATION			
New Jone to bearied as	institution? Ab	out 5 I	)ays	2.(a) if veteran, name war	None				
3. (a) FULL NAM				***************************************		3. (b) Social Security			
		TOON				None	Nambel		
4. Sex	SY M. ALI		e, massied, widowed, or disputed		EDICAL CE	RTIFICATION	-		
Female	White	¥	lidowed	2D, DATE OF DEATH	December	17th 1948	,at 5:30 A		
6.(b) Name of husband	Lest	er D. A	llison	21. I CERTIFY that death occurr	red on the date above	e stated: that t attended dec	eased from		
D.(O) Manie of museum	- #1/0,	e (	e) If allow give one	Dec. 10	19	68 to 186.	7 19 4 8		
7. Birth date of	Octob	er 8, 1	c) If alive, give age						
deceased (mo., day, )		Days	If less than one day	Immediate cause of death	4 0 1	- : ( ).	. DURATION		
0. 1102.									
69	9 2	19	hrs.	Min. Hisease					
B. Birthplace Pro	ederick Co	ounty, 1	varyland	Due to			***************************************		
10. Usual occupation.				***************************************					
10. Usual occupation.	nousew.	-1	***************************************	Oue to		***************************************	***************************************		
11. Industry or busines	8						***		
		Fry		Other conditions		0:5000000000000000000000000000000000000	**		
13. Birthplace	Virginia				gnancy within 3 m	onths of death)			
14 Maiden name	Mandy Co	ckrell		Major findings of operations					
TO	Vincinia			Major nadiags of operations					
14. Maiden name 15. Birthplace	VIIGINIE	C Coal							
16. Informant			Κ	PHYSICIAN: Please underline	e the cause to whi	ch death should be charge	statistically.		
	iddletown			as VACIENCE, If death was					
Buria Buria	1	Date thei	ment December 20,	Accident, sulcide, or homicide.					
(Burial, cometion	Or removal. Write	ולא							
			emetery						
Location	Nr. Fre	ederick	, Maryland	Injured at home, farm, Industry	, public place (who		***************************************		
			Son	Msans of Injury		tnjured at work?			
	Freder			B	ernaid &	Human 1	102		
		00	1.0 as 0. 1	23. SIGNATURE		M. D	or other		
19. 1 1 Dec	19 4 8		LONGE BOR	A.C. Address Judery	ch us		Dec. 17,4		

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

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1075-781-7

(Date rec'd by registrar)

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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J	7411.	*
eg.	Dist. No.	134

	Reg. Dist. No.	134
2. USUAL RESIDENCE (HOM (For newborn infants give eside)		inthe
State. J. Cary Clent	County /	ny
City or town outside city or town	limits, write RURAL and give near	rest fown)
Street No(If rura	I, give LOCATION)	
2.(a) it veteran, name war		
7	3. (b) Social Security 1	Yumber
unan		
MEDICA	L CERTIFICATION	26
20, DATE OF DEATH DEA	.23 78	10-0
21. I CERTIFY that death occurred on the d		sed trom
and that I last saw how. alive on	N 0	19.
	A A	DURATION
	cardio vaseules	
Asterio selerotee		
Arterio selerate e disease with m	nyocardial	
Arterio selerate e disease with m		
Arterio selerate e disease with m	nyocardial	
Artirio selvotie disease with m "leglneration	nyocardial	
Artirio selvotie disease with m "leglneration	nyocardial	
Artirio solviote e disease with m Due to legeneration	L - surnel	
Artirio salvotie disease with m Due to Legeneration Due to	L - surnel	
Artinio Salvrotie disease with m Due in Cegloration Due to Die to (Include pregnancy with	L - surnel	
Autopsy results.	thin 3 months of death)	yeurs
Due to	thin 3 months of death)  a bate of op.	yeurs
Due to  Other conditions  (Include pregnancy with Major findings of operations.  Autopay results.  PHYSICIAN: Please moderline the canase	thin 3 months of death)  Date of op.  to which death should be charged or the charged of the cha	, yewr
Due to  Dither conditions  (Include pregnancy with Major findings of operations  Autopsy results  PHYSICIAN: Please moderline the cause Accident suicide, or homicide	thin 3 months of death)  Let to which death should be charged and causes, fill in the following:	yeurs
Due to  Dither conditions  (Include pregnancy with Major findings of operations  Autopsy results  PHYSICIAN: Please noderline the cause 22, VIOLENCE: If death was due to external cause of the cause of the cause operations	thin 3 months of death)  Let to which death should be charged a crustes, fill in the following;  Date of	year)



2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

eg. Dist. No. 131

		10 1					Keg. Dist. 140	1
1. PLACE OF DE	EATH: erick				2. USUAL RESIDENCE (I-	e residence of mo	other)	
Hand	loniok				State Maryland	County	Frederic	C
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 57 Years  Hospital, institution, or street address where death occurred:					City or rose Frederick			
366 West Patrick Street				*******************************	Street No. 366 West Patrick Street  (If rurol, give LOCATION)  None			
How long In hospital o	or Institution?				2.(a) It veteran, name war	OHE		
3. (a) FULL NAM	1E						3. (b) Social Security	Number
EI	IZABETH FR	ANCES E	BARTHLOW				None	
4. Sex	5. Color or race	B.(a)3ingle	, marned, widowed, o	or divorced	MEI	DICAL CER	RTIFICATION	
Female	White	Di	vorced		20. DATE OF DEATH	ecember.	29th 19 48	. 6:30 A
6.(b) Name of husbant	M.Erne	stBar.t	hlow		21. I CERTIFY that death occurred			
					Ose 1-			
7. Birth date of	Combonh			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and that I tast saw halive	on Osc	229	19.95
deceased (mo., day,		Days	If less than one	day	Immediate cause of death			OURATION
69		29	hrs.	min.		_	money	
					+ carrier 2	scory	and the	Lylan
9. Birlhplace MC	Gaheysville (Town,	, Kock	ngham Co	., Virgir	- De 10			
	Housewi							***
			***************************************		Due to			
11. Industry or busine  ∝ I						217	<i>(</i> 3)	
F	larvey Burk				Other conditions . D. C.	may,	My Marie	
	Virgini				(include pregne	oney within 3 mo	nths of death)	
t4. Maiden name	Emily C.	Crawfor	-d		Major fiadiags of operations			
W 15. Birthplace	Virginia				major nagaga or operacious			
	rs. Charles	C. Cru	ım		Aotopey results			
					PHYSICIAN: Please underline t			
	rederick, M			1 -	22. VIOLENCE: It death was due	to external cause	s, till in the following;	
17 Buris	al	Date there	December (month)	31,1948	Accident, suicide, or homicide			
(Burial, coematic	Mount	Olivet			Where did Injury occur?			
Cemetery or warmer								
Location		rick, Ma			Injured at home, tarm, Industry, p	oubiic place (wher	e?)telured at work?	
18. Funeral director.	C. E. Clin	ie & Sor	1		Means of Injury			
Address	Frederick,	Maryla	and	1	00 CIGNATURE 74 4	dues	Taking	mo
19 30 De	C 19 4 8	93	isabette	1 Heck.	23. SIGNATURE Address Fredux	1 2		or other
(Date rec'd by r	egistrar)			Registrar	Address	PECU		

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UNFADING INK. Supply every item of information carefuntant. Physicians: please write the causes of death clearly and

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BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

12466

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: Audence	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newhorn infanta give residence of mother)
City or term	State County Claude of town (if odtside city or pown limits, write RURAL and give nearest town)
Hospital Inetitution, or etreet address where death occurred:  Mederick Memorial Hospital	Street No
How long to hospitat or institution?	2.(a) If veleran, name war
my J. monroe Browning	3. (b) Social Socurity Number
male white married married	MEDICAL CERTIFICATION  20. DATE OF DEATH.  20. DATE OF DEATH.  20. DATE OF DEATH.  20. DATE OF DEATH.  20. DATE OF DEATH.
6.(6) Name of mannie L. Browning	21. I CERTIFY that death occurred on the date above stated; that attended deceeed from
7. Birth date of decessed (mo., day, yr.) 8/1/73	and that I last eaw h LeCa alive on DAC 1964.  Immediate cause of dath DURATION
8. AGE: Yeare Monthe Baye If leee than one dayhre	Description 10 De
9. Birihpiace (Town, county, and atate)	Due 10
10. Usuat occupation Returned Transmer	Duo to
12. Namo Luther H. H. Browning	Dther conditions
13. Birthplace Montgoney Co Md	(Include pregnancy within 3 months of death)
14. Maiden name Lasan & Parandureso  15. Birtholace Frederick Co Md	Major findings of aperations
18. Informan Mus Mannie & Browning	Autupsy results
Address Mouroira Mag. 5 1948	22. VtOLENCE: If death was due to esternal causes, fill in the following:  Accident, suicide, or hombide
Cemelery or comments. Providence Cometery	Where did Injury occur?
Location Lesuptown Md	tnjured at home, farm, Industry, public place (where?)
18. Funoral director W. E. T. alcones	Meene of injury Injured at work?
Address New Market Mid	23. SIGNATURE APPLICATION AND AND AND AND AND AND AND AND AND AN
(Data rec'd by registrar) (Data rec'd by registrar) (Data rec'd by registrar)	Address # david MA Date signed 2 48

HEATE ELECTRICAL TRANSPORTS

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DEC 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF STILLER

Reg. Dist. No. 131

A certificate must be filed within 24 hours for every still birth of 20 weeks' cestation or more (see stub)

	11 COLUMN CASE ME GOOD DE LICE WATER LA TOUR DE COLUMN CASE DE COL	3 5011	services as necess destation of more (see stub)
1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Haderick		State Maryland
	City or ton Frederick		County Frederick
4	(If outside city or town limits, write RURAL and give nearest town) Street address, hospital, or institution:		City or sound derick R. D. 5
	Indered menain Hespotal		(If outside city or town limits, write RURAL and give nearest town)
_	Length of mother's stay in County Alexander WHICH)		Street No. Near Frederick (HRURAL give LOCATION)
3.	Name of child Baly Browley	4.	Date of birth 200. 9 1948 Hour 4 30A M.
5.	Sex Male 6. Twin or triplet Style	1	No. of weeks pregnancy. 20 weeks
	FATHER OF CHILD	1	MOTHER OF CHILD
	Full name Groupe Theodore Bruchy		Full maiden name English Br. Cruen
	Color Wenter 0. Age at time of this birth 38 ys.		Color 214. Age at time of this birth 3/ yrs.
11.	Usual occupation Taranau	15.	Usual occupation Bures lucke
16.	Other children born to mother (not including present child)	: (a)	How many children of this mother are now living?
_	(b) How many other children were born alive but are now de-	ad ?	(c) How many other children were born dead?.
	Did child die before labor? To During labor?	21.	Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
18.	Pregnancy, complications of Morec -		(a) Fetal causes At Year Know
19.	Labor: (a) Complications of Pessee		(b) Maternal causes Da had thrown
	(b) Induced? 220		(1)
20.	(a) Was there an operation for delivery? (Yes or No)	22.	I certify to the birth of this child who was born dead?
	(b) State all operations, if any		on the date and hour above stated.
	(a) Did skild di 1 6	1	Signature (Specify if M. D., midwife, or other)
	(c) Did child die before operation?		
23		11 05	Address Frderick Md
20.	(a) Burial (b) Date thereof 12/9/48 (Burial, cremation or removal) (C) Cemetery or crematory Mt. Olivet Cem. (c) The control of the control o	Z5.	(a) 9-Vec-1918. (Date rec'd by registrar) (Registrar)
24.	(a) Funeral director M. R. Etchison & Son	26.	(To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
	(b) Address Frederick, Maryland	-	
	* See Instruction C on stub		The state of the s

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DEC 10 1948

BUREAU V. 8

WITH UNFADING INK. Supply every item of information careful., The comportant. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: of rederich	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State maryland County Frederick
City DEE Rural - Walkersvelle (If outside city or town limits, write RURAL and give nearest town)	- Rural - Halpersville
How long in above place of dealh? Tifetime	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Myrtle Kate Rebo	acca Brunner Trong
4. Sex 5. Color or rag 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I It Widowed	20, DATE OF DEATH 4 December 19 48 at 5 P
8.(b) Nama of husband same Charles Ed. Brunner	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from
	1 January 19 48 10 4 Ve cember 19 45
7. Birth date of 1/- 15-1900	and that I last saw h a alive on 3 Ve cerulus 19 98
8. AGE: Years   Months   Days   tiles than one day	Immediate cause of death DURATION
58 0 2/nrsmin.	Construmental accident 3 west
Landinick Country med.	Sanda Disa made 3
9. Sirthplace (Town, eounty, and atate)	Due to.
10. Usual occupation Hausekeeper	Durin Deneralized arteriosclarus 20 years
11. Industry or business . Home	Due to.
77 1 2 3 9	Other conditions 4 never stroker
12. Name Silas a. Rline 13. Birthplace Hashington Ca. Ind.	
	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations
₹ 15. Birthplace	Date of op.
18. Informant Miss. Chiese. E. Sworneley	Autopsy results
Address near Walpersvelle - Ind,	
17 Burial Date thereof 22-7-48	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, oremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cometery or seemetery & leasant Itel Cemelery	Where did Injury occur?
Localion monrovea - Ind.	Injured at home, farm, industry, public place (where?)
O. E. Cline + Son	Means of injury Injured at work?
18. Funeral director	1 300
Address of Marick - Maryland	23. SIGNATURE James 1. Mories & MD
196- Vel 1948 Elizabethy Heck	1. 1. 00 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Date rec'd by registrar) Registrar	Address Waller Date signed June 7



DEC 7 1948

BUREAU V. S.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131

				CERTIFICA	IE OF DE	AII	Reg. Diat.	No.	100100100000000000000000000000000000000
How long in above Hospital, Institutio	derj rede (If outsi place of d n, or stre st  tal or lns:  AME	ck erick de city or town eath? Sinc et address where Sevent!	de Nov.	<u>t</u>	State Mary ]	rederick-Ru if outside city or town lim lestnut Gro	County Frederi Iral R. F. nits, write RURAL and	D. j	t town)
		Color or race		e, married, widowed, or divorced				200	
4. Sex	5.			e, married, whitever, or divorces			CERTIFICATIO		
F		W	S		20. DATE OF DEATH	Decen	iber 28, 19	48 ,	8 P
T. Birth date of deceased (mo.,			er 17	e) If alive, give ageyear , 1875	and fhaf I last saw	death occurred on the date:	28	, 29	19.7 19.7 DURATION
1	Years 73	Months 2	Days 11	It less than one day			•••••		Blogo
Nr	. Mt	. Ples	sant-I	rederick-Mary	land	_			
10. Usuat occupa	tion£	t Home			Due fo				geasy
14. Maiden n	mame	ry Cat	herine	Lease by Maryland Derger		include pregnancy within			
E 15. Birthptace	6 L. I. 6	derick	Count	y Maryland			Date of c	op	
16. Informant M	rs. E.	Lewis 7th St	T. Uml	ederick, Md.	PHYSICIAN: Plea	ase ouderline the cause to	which death should be		tistically.
Buris	al	1.00	Date fhere	(month) (day) (year) Cemetery	Accident, suicide,	f death was due to external or homicide	Date	of	State)
				Maryland		arm, Industry, public place			
18. Funeral direc	M.	R. Et	chison	and Son	Meens of Injury		Injured at w		
Address		rederio	00	cyland	23. SIGNATURE	(3.00)		M. D. r	M. D.
19. Date rec'd	by regist	19 4 8		Makulla J. Ilella Registra	Address Fred	lerick, Mar	'yland Date	signed	2-29-4

B. D. Ly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

Reg. Dist. No. 3

	Reg. Diat. No
1. PLACE OF DEATH:   County   City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?   Hospital, Institution, or street address where death occurred:  **The property of the prop	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Frederick  City or town (If outside city or pan limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
4. Sex   5. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  12-24- 1948, 21 9:55
5.(b) Name of husband or wife	21. I. CERTIFY that death occurred on the date above stated; that I attended decessed from  19
9. Birthplace. Frederick County - Mrs	Due to Pulm & Russ 1
11. Industry or business  12. Name Earloton Butler  13. Birthplace Frederick - Co Md.  14. Maiden name Dorothy Hoye  15. Birthplace Frederick - Co Md.	Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.
16. Informani Earlston Butler Address Libertytown- Ind.	Autopsy results.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial (Burial, comprehense or removal Which)  Cemetery or crematery Montevue  Location Near Frederick - Ind.	Accident, suicide, or homicide
18. Funeral director. C. E. Cline and Son  Address Frederick-Ind.  19. 27 Dec 19.48 Elizabeth 4. Hech  (Data rec'd by registrar)  (Data rec'd by registrar)  (Data rec'd by registrar)	Msens of Injury  10 Injured at work?  23. SIGNATURE.  MD. of other  Address Stream Date signed 12-27-



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		Reg. Dist. No.
death occurred: cet Street	City or to City or town limit 306-A North M	mother) Frederick  unity Frederick  ts, write RURAL and give nearest town)  Market Street e LOCATION)
J. CARMACK		3. (b) Social Security Number None
6.(a <del>)Single,</del> married, w <del>idowed, or divorced-</del> M		ertification as 48 as 3:40A
	and that I last saw halive on	48 10 December 6 19 48
eounty, and atate)	Due to. My sandial	Heat 142
Mercer County Maryland	Due to	
Poole County Maryland	Major findings of operations	
cet St., Frederick, Md	PHYSICIAN: Please underline the cause to w  22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	which death should he charged statistically.  Buses, fill in the following:
te, Maryland Etchison and Son Lck, Maryland	Injured at home, farm, industry, public place (no Means of Injury  23. SIGNATURE.	where?)
	M y E. Carmack  6.(c) If alive, give age 65  21	(For newborn infants give residence of Maryland of Maryland of State Maryland of State Maryland of Gity or term (if outside city or town limits write RURAL and give nearest town)  death occurred:  (Carmack    S. (a) H veleran, name war   None      J. CARMACK    S. (b) Halive, give age   S. years

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BUREAU T. B.

2411 N. Charles St., Baltimore

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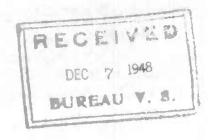
### CERTIFICATE OF DEATH

Reg. Diat. No. 13

City or team. F  How long in above Hospital, instituti	reder reder (If outsi place of d on, or stre Nes ital or ins	ick vick de city or town li eath? Li et address where	ifetime death occurred Street		(For newborn infants give residence of State Maryland City or Infants City or	ryland county Frederick  Frederick (If outside city or town limits, write RURAL and give nearest town)  19 West Fifth Street (If rural, give LOCATION)		
3. (a) FULL NAME						3. (b) Social Securit	y Number	
MINNIE E. CRAMER						None		
4. Sex 5. Color of race 6.(a) Single, married, widowed at enforced				, married, widowell, or envorced	MEDICAL (	CERTIFICATION		
Femal	e _	White		Married	20. DATE OF DEATH Decembe	r 5th 1948	a 6:15 F	
7. Birth date of			6.(6	thalive, give age 67 years	21. I CERTIFY that death occurred on the date a 30 11 and that I last saw how alive on	48 10 DEC	_5 19XS	
deceased (mo.	day, yr.) Years	Months	nber 28	If less than one day	Immediate cause of death			
8. AGE:	71	11	7	hrs. min.	Ununa		5 days	
10. Usual occup:  11. Industry or b  12. Name	r re	Housewarderick lederick	ife Kehler County,	Maryland	Due to			
15 Rirthnia	l l	rederick	Count	v. Maryland	Major findings of operations			
16. Informant				y, Maryland ramer	Autopsy resolts			
	urial	removal, Willeli	Date there	derick, Maryland en December 8,1948 (month) (day) (fear) Cemetery	22. VIOLENCE: If death was due to external of Accident, suicide, or homicide	Date of		
Location Frederick, Maryland					injured at home, farm, industry, public place	(where?)		
				& Son	Means of injury	Injured at work?		
16. Funeral dire	CTOF			laryland	BML			
19. Le D	OC by regist	19.\.\.\.\.\.	60	nalital & Hech	23. SIGNATURE Address The Level 1		0, or other 13448	

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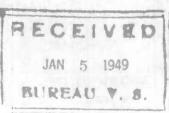
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2411 N. Charles St., Baltimore

			1	3	0
Reg.	Diat.	No.			0

			CERTIFICA	TE OF DEATH 75	Reg. Dist. N	10 / 38
1. PLACE OF DEAT County	Frede Rural ide city or town death? reet address where	- Pear limita, write R ifetime death occurred	URAL and give nearest town)	City or town Rural - Pear (If outside city or town Street No.	ncé of mother)  County Frederic  Il limits, write RURAL and g	
3. (a) FULL NAME	Mary	Hansen	Crummitt	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced				MEDICA	L CERTIFICATION	N
Female	White	Mar	ried	20. DATE OF DEATH. De CEI	mber 11th	48 at 4:30A
6.(b) Name of husband or			Crummitt  ) If alive, give age 70 years	21. I CERTIFY that death occurred on the d	ate above stated; that attend	led deceased from
7. Birth date of deceased (mo., day, yr.)		?- 1879		and that I last saw personnalive on ex-	•••••••••••	192
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		OURATION
73			hrsmin.	1.07.7		32000
13. Birthplace	Housev Home Andrew Ha Denmark Margaret	vife	rate)	Due to		
			ty Maryland		Date of op	),
Address Re II Burial (Burial, cremation, of Cemetery or crematory, Location	r removal. Which Mount Freder C.E.Cl	Date there Olivet rick, Ma ine and	December 11-18 (month) (day) (year) Cemetery aryland I Son	Autopsy results PHYSICIAN: Please underline the cause 22. VIOLENCE: It death was due to exter Accident, suicide, or homicide Where did injury occur?	to which death abould he con a causes, fill in the following the country (County)	thanged statistically.



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2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Diat. No. 139

			0-11111011	E OI DEIIXIX	Reg. Dist. No	
How long in above of	derick yland Tul	28/48	sis Sanatorium	City or town Baltimore 2.	Maryland , write RURAL and give ne	earest town)
State	Sanatori	um, Ma	ryland /28/48	Street No. 1107 E. Baltim (If rural, give 2.(a) It veteran, name war	LOCATION)	
3. (a) FULL NA Mi	chael Dec				3. (b) Social Security 220-07-8	
4. Sex Male	5. Color or race White		i, married, widowed, or divorced		RTIFICATION	0.204
6,(b) Name of husband or wife				20. DATE OF DEATH. December 1. 21. I CERTIFY that death occurred on the date above 6/28/48	re stated; that I attended deco	eased from
o. Mol.	ars   Months 54   3	Days 6	If less than one dayhrsmin.	Immediate cause of death Pulmonary Tubercul	osis	86 Mos.
10. Usual occupatio	Boiler mess marles De	Maker	and tate)	Due to		
14. Maiden nam	Baltimore , Anna Du Wales	iggan		(Include pregnancy within 3 m	***************************************	
Address 702	N. Lakewo	od Ave	ister Julia ,Balto,Md	Autopsy results PHYSICIAN: Please underline the cause to whi 22. VIOLENCE: It death was due to external caus	ich death should be charged	
(Burial, cremation, or removal. Which?)  Cemelery or crematory. Toly Release (month) (day) (year)				Accident, suicide, or homicide		(State)
Location	M.R.C.	eager	nd. * Sow,	Injured all home, tarm, Industry, public place (wh	Injured at work?	
Address	hurmo	ut The	Dayar	OO CIGNATURE	allin, M.D.	XXXXX
(Date rec'd by	registrar)		Registrar	Address	Date signed.	

DEC 21 1948
BUREAU V. S.

111

ADING INK. Supply every item of information carefung. Physicians: please write the causes of death clearly and

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MARGIN

CERTIFICATE OF DEATH

12475 Reg. Diat. No. 139

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Stata Maryland  County Frederick  Cily or town Point of Rocks, Maryland  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veleran, name war.  3. (b) Social Security Number		
Nellie Delaughter	216-14-5088		
4. Sax 5. Color or race 6.(a)Singla, marriad, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Separated	20. DATE OF DEATH December 19, 1948 19 , at 5:10P		
6.(b) Name of huaband of Max. Wm. R. Delaughter 8012 Georgia Ave. N. W. s. (a) Marilya, give aga. 30 7. Birth date of deceased (mo., day, yr.) August 10, 1918	21. I CERTIFY that death occurred on the date above stated; that I attended decase and from 6/30/48 19 19 19 19 19 19 19 19 19 19 19 19 19		
8. AGE: Yaars   Months   Days   If lasa than one day   30	Immediate cause of death Miliary Tuberculosis 6 Mos.		
9. SirihplacePOINT OF ROCKS, MARYLAND (Town, county, and state)  10. Usual occupation. Housewife	Oue to		
11. Industry or businesa	Oue to		
12. Name Luther L. Linton 13. Birthplaca Maryland	Othar conditions		
14. Maidan nama Lena Dean  15. Birthplace Point of Rocks, Maryland  Patient	(Include pregnancy within 3 months of death)  Major findings of operations.		
\$ 15. Birthplace Point of Rocks, Maryland			
18. Informant	Actors resolts		
Addresa  17. Bund Date thereof Dec 21, 1949 (Burial, cremation, or removal Which?)  Cemetery or cramator. At Jauls Cens.	22. VIOLENCE: If death was due to anternal causes, fill in the following;  Accident, suicide, or homicide		
Location Point of Rocks, Md.	Injurad at homa, farm, Industry, public place (where?)		
18. Funaral director M. R. Etchison & Son	Means of Injury Injured at work?		
Address Frederick Mid 1	23. SIGNATURE K. B. Ballin, M. D. W. D.		
19	Address Rate signed		

DEC 21 1948
BUREAU V. S.

CERTIFICA

8.(c) If alive, give age

It less than ooa day

UNFADING INK. Supply every item of i ant. Physicians: please write the causes important. WRITE

PLEASE

O. Usual occupation.	year
1. Industry or business	
12. Name Me dawson	main.
13. Birthplace many C	and
14. Malden name Marthau  15. Birthplace Mary	Grove
E 15. Birthplace Mars	Cand
8. Informant populated	Records
Addresselve	mes.
Burial Complex of Which of	ate thereof (month) (day) (xeet)
Cemetery or Common Comm	ell ( Eureleun
Location	way Med.
18. Funeral dijector	itsles + Hoges
Addres levan Bridge	Y been & subsould
9 3 Dec 18 k K	Elizabeth & Hech-

Days

Evidence for additional info.

Mospilal, institution, or street address where death occurred:

Months

on is

How long in above place of death?

3. (a) FULL NAME

7. Birth dale of deceased (mo., day, yr.)

8. AGE:

2411 N. Charle	s St., Baltimore	60	
TIFICAT	E OF DEATH	Reg. Diat. No.	31
tal	Slate (If outside city or town	E) OF DECEASED: nee of mother) County (hards, write BURAL and give nea	reat town)
1		3. (b) Social Security	Number
different	MEDICAL	L CERTIFICATION	~
	£:-	-	3 P
recy	21. I CERTIFY that death occurred on the d	1548 10 12/2	148
ay min.	Immediate cause of death		DURATION
	Due to State	i Conjesture	ings
	Diher conditions Pallin	e Jenn	
	(Include pregnancy wit	hin months of death)	
	Astopsy results		statistically.
10118	22. VIOLENCE: If death was due to exter	nal causes, fill in the following:	

Accident, suicide, or homicide....

(City or town) (State)

Injured at home, farm, Industry, public place (where?)

Injured at work?

M. D. or other .. Date signed Dec.

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BURRAU V. S.

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Address

(Date rec'd by registrar)

The correct age legibly.

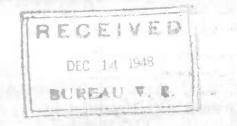
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No....

	(If rural, give )	LOCATION)	
. 2.(α) If veteran, name war	720		
aper		3. (b) Social Securit	
		RTIFICATION	
20. DATE OF DEATH	Dec. 3	19.3/3	10:3
		re stated; Thet I attended de	
		to	
and that I last saw h.J. Mile.		ver	
Immediate cause of death.	Cananish	colusion.	OURATI
Que to			••••
Other conditions			****
(Include p	regnancy within 3 m	onths of death)	
Major findings of operation	DS		
		Date of op	
Autopsy results PHYSICIAN: Please under	rline the cause to wh	ich death should be charge	ed statistically.
22. VIOLENCE: If death w	as due to esternal cous	ses, fill in the following:	
Accident, suicide, or homici	de	Date of	
Where did Injury occur?	(City or town)	(County)	(State)
		ere?)	

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside eity or town limits, write RURAL and give nearest town) How long in above piece of deeth?..... Hospitei, Instillution, or street address where death occurred: How long in hospitel or institution?..... 3. (a) FULL NAME 4. 3es 7. Birth date of decessed (mo., day, yr.) If less than one day Months Geye 8. AGE: Years (Town, county, and atate) 10. Usuel occupation... ff. industry or business Address



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### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Battimore

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1. PLACE OF DEATH: County Frederick					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Brede	dock He	chte	***************************************	State Maryland County Montgomery		
Cily or town	(If outside city or town limits, write RURAL and give nearest town)				Hyattstown		
Now long in abo	Cily or town Braddock Heights (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since March 3, 1948				City or town	mits, write RURAL and give r	nearest town)
Hospital, instit	ution, or str	eet address where	leath occurred:		Street No.		
J	effe:	rson Bl	vd.			give LOCATION)	
How long in ho	ospital or ins	stitulion?		••••••••••••••••••••••	2.(a) If veteran, name war. None		
3. (a) FULI	NAME					3. (b) Social Securit	y Number
BIRDIE JOHNSON DUDROW						None	
4. Sex	5	. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL	CERTIFICATION	
F		W		W	2D, DATE OF DEATH	mber 21, ,48	,11:45P
		. Brad	lev H.	. Dudrow	21. I CERTIFY that death occurred on the date	above stated; that I attended de	ceased from
					aug 7	19.47 10 DER	2-/ 19. X-8
7. Birth date o	f			) If alive, give ageyears	and that I last saw halive on	Ore 21	19 <b>K</b>
deceased (m		Novembe			Immediate cause of death	***************************************	DURATION
8. AGE:	Years	Months	Days	If less than one day	Chair muse	endite	570
	75	1	2	hrs min.			
9. Birthplace.		None (Town,	ounty eounty, and a	Maryland	Due to		
1t. industry of					and her	was a management of the second	16 Doces
当 12. Name	Jame	es Beal	<u>L</u>		Dither conditions Care	vier glands	21 day
12. Name	lace T	Unknown			ugler sideof me	25-44	10 cm
		enzelle	(lest	name unknown)	( Lange of the land	eath)	
14. Maide 15. Births	en name			~	Major findings of operations		
₹ 15. Births	place	Unknown				Dale of op	
t6 Informant	Mrs.	Doroth	y B. I	). Neumaier	Autopsy results		
	Hvat	tstown,	Marv	land	PHYSICIAN: Please underline the cause t	o which death should he charge	ed statistically.
					22. VIOLENCE: If death was due to externa	causes, fill in the following:	
17 Bur	lal	removal. Which?)	Date there	(month) (day) (year)	Accident, eulcide, or homicide	Date of	
(Burial, cr	remation, or	Mount (	TATE	Cemetery			*******************************
Cemetery or	r crematory				Where did injury occur?(City or to	wn) (County)	(State)
Location		Freder	lck, h	<b>laryland</b>	Injured at home, farm, Industry, public place	e (where?)	
		M. R.	Etchie	son and Son	Meane of Injury	Injured at work?	
18. Funeral d	lirector				dless	1	
Address		rreder	ick, A	Maryland	23. SIGNATURE	line	M. D.
0 0 1			720	in Glasliel		Cine M. I	D, or other
19. 2. 3	o'd by ragin	19. 4.8	1110	Registrar	Address Frederick, Ma	ryland Date signe	12-22-48
(Date Lec	of na refin	/					

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Diat. No. 131

How long in above property the spital, institution the Emerger How long in hospital to the spital to	lerick Prederick-Ru (If outside city or town lim place of death? n, or etreef address where de gency Hospi tal or institution?	its, write RURAL and give nearest town) ath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County  City or Frederick  (If outside city or town limits, write RURAL and give nearest town)  Street No. 460 West Patrick Street  (If rural, give LOCATION)  NONe  2.(a) tt veteran, name war.		
3. (a) FULL N.	ANNIE DU	JVAT.T.		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or diversed		CERTIFICATION ber 4, 19 48 2 P	
7. Birth date of deceased (mo., to 8. AGE: 8. Birthplace	Yeare   Months   Proderick Control   At Home   William Ty:	Days If lese than one day hrs	Immediate cause of death Centre	19.4.8 to Let 4 19.4.8  pee 4 19.4.8  orrhage / Martin	
15. Birthplace	Frederick ( Bernard S. )	Middleton County Maryland Duvall, Jr. k St., Frederick,	Major findings of operations		
Buria (Burial, cremm Cemetery or cre	Fairvier Frederic M. R. E	Date thereof 12/9/48 (month) (day) (year)	22. VtOLENCE: It death was due to external Accident, suicide, or homicide Where did injury occur?	n) (County) (State) (where?) Injured at work?	
19. 8 De	Dy registrar)	Elizabeth & Heck	23. SIGNATURE Frederick, Mar	M. W. or other	

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MIRHAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

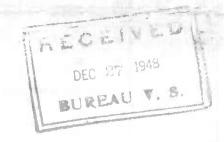
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# CERTIFICATE OF DEATH

eg. Diat. No. 131

1. PLACE OF DEATH:  County	RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Frederick  City or Low Frederick  (If outside city or town limits, write RURAL and give nearest town)  Street No. 113 East Patrick Street  (If rural, give LOCATION)  World War I  3. (b) Social Security Number		
HARRY OSCAR ESWO	RTHY	214-10-345		
	Married, widowed, or divorced  Married	MEDICAL CERTIFICATION  20. DATE DF DEATH December 16th 19 48		
8. AGE: Years Months Days 47 1 4	(c) If alive, give age39years	21. I CERTIFY that death occurred on the date above stated; that I attended dece  Never 19 to 19 and that I last saw himself 19 and 19	19	
9. Birthplace Adamstown, Freder (Town, county, and 10. Usual occupation Truck Driver  11. Industry or business		Due to		
12. Name Charles E. Eswort  13. Birthplace Bartonsville, Ma  14. Malden name Susan V. O'Hara	rylard	Other conditions (Include pregnancy within 3 months of death)  Major findings of operations.	λ	
15. Birthplace Bartonsville, 16. tnformant Mrs. Harry Esworth Address 113 E. Patrick St.	<b>Y</b>	PHYSICIAN: Please nuderfine the cause to which death should be charged statistically.		
Gemetery or semetery Mount Olivet		22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	(State)	
Location Frederick, M.  18. Funeral director C. E. Cline  Address Frederick, M.	& Son	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  Osait. Dept.		
	lisalethy Heck	23. SIGNATURE CAMENTO M. D. Date signed.	or other 2/17/48	



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

. The correct age legibly.

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLAINLY, W

WRITE

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MARGIN

	Reg. Diat. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For rowborn injunts give residence of mother)
County	State MA County fredericks
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, jostitulion, or street address where death occurred:	Sireet No.
Comerques Atstille	(If rural, give LOCATION)
Now long in hospital or metitution?	2.(a) If veleran, name war.
Hattie Lellian ann agnesti	name Fahnstock 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
t manuel	20. DATE OF DEATH Desember 1 19 48, at 4:30 H
Les tahnotorle	21. I CERTIFY that death occurred on the date above stated; that I attended deceeeed from
8,(b) Name of hueband or with	September 1848 10 Dec. 1 1945
8. (c) If alive, give ageyears	and that I last ear h Dalve on Deld. 19 4 9
deceased (mo., day, yr.) aug. 13 - 1909	Immediate cause of death
8. AGE: Yeare   Months   Days   If less than one day	C de titie
39 3 18hrsmin.	A CONTRACTOR OF THE PARTY OF TH
The stranger	Ro-I- May Turns la la
8. Birthplace (Town, county, and atate)	Que to Gas
10. Usuat occupation Hanseward	,
6. 1/2	Oue to
11. Induelry or businese	
12. Name 12. Name 13. Birthplace Thymnor Did	Other conditione
13. Birthplace Thursman Dr	(Include pregnancy within 3 months of death)
14 Maiden name Collen to see	(Include pregnancy within 3 months of death)
14. Malden name to the to the second of the	Major findings of operations
El 15. Birthplace	Date of op.
16. Informant Mrs Irvin Dangtier	Actapsy results
Address trederick mad	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bun 3-45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, scamation, openioral, Which!)  (Burial, scamation, openioral, Which!)	Accident, suicide, or homicide
Cemetery or groups N. B. Cemetery	Where did Injury occur?
Location thursdank mas	Injured at home, farm, Induetry, public place (where?)
m & Pour also Va	Meane of Injury tnjured at work?
16. Funeral director	
Address Man Address Man	23. SIGNATURE LATTURE F. Woodward M. D. or other
19. Dac 19.48 Emalelle 5. Here. (Date rec'd by registrar) Registrar	Address Frederisla, Md. Date signed Dan. 1/19.9

Brillian in the Research Section of the

The Survey of Landson THE RESIDENCE OF THE PARTY OF T

Marie and Paris Andrews Marie Property of American Art Paris 181 THE COUNTY OF THE PARTY OF THE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No. 1312

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county trederick	(For rewhorn infanta give realdence of mother)
2 1	State Md County Tredlick
City or to (If outside city or town limits, write RURAL and give nearest town)	To the second of
How long in above place of death? 3 wks	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where dealy occurred:	Street No
Tred memoring tooping	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
(harles lo.	traley V
4. Ses 5. Color or race 8.(a) Single, marriel, widowed, or divorced	MEDICAL CERTIFICATION
mal White Widourf	20. DATE OF DEATH. SPEC 2 4 19 8 21 6 6 M
6.(b) Name of Justiant or wife Tamine Meller Fraley	21. I CERTIFY that death occurred on the date above stated; that I attended daceaeed from
	Dec 10 10/8 10 Dec 2 4 10 4 8
7. Birth date of	and that I last saw h Majalive on Dec 2 4 19 4 8
deceeed (mo., day, yr.) (119/4/862	Immediate cause of death
8. AGE: Yeare   Montha   Daya   If less than one day	A desired consequence of the con
86 4 10hremin.	11
Fred Co. Md	1 1 1 (0) 12 101 A S S S S S S S S S S S S S S S S S S
9. Birthplace (Town, county, and atate)	Due to let the both t
10. Uaval occupation None	
10. Uzual occupation	Due Io.
11. industry or business	
12. Name Orotha Trace	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maldan/name Muy Cine Shiff	
15. Birthplace Might	Major findings of operations.
13. Bringiage	Date of op/
18, Informant	Autopsy results
Addrese / heirmont	
13 1000 261948	/ 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, euicide, or homicide
Cemetery or or Dewislowy M. F.	Whera did injury occur?
The Man of	
Location Lewislowy	Injured at home, farm, Industry, public place (where?)
18. Funeral director Month Clean en 4 Soy	Meane of Injury Injured at work?
Addrese Thurmont, Md	SH- Stioned
CO . O so l. L. a	23. SIGNATUNE M. D. or other
(Date ree'd by registrar)  (Date ree'd by registrar)  (Date ree'd by registrar)	Address Federal Date signed De Y-4

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

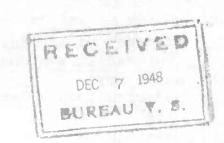
# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  County Frederick  City or Frederick  (If outside city or town limits, write RURAL and give nearest town)		2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  Frederick - Rural R.F.D.#4		.#4		
How long in above p	lace of death? or street address wher Market S	e death occurred:		(if outside city or town limits, write RURAL and give nearest town)  Street No. Near Church Hill  (If rural, give LOCATION)		nearest town)
How long In hospit	al or institution?			2.(a) If veteran, name war. None		
3. (a) FULL NAME  MARY ELIZABETH FRYE			H FRYE	3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CI	ertification r 3rd <sub>19</sub> 48	9:15P
	and or wife			21. I CERTIFY that death occurred on the date abo	ove stated; that I attended de	ceased from
7. Birth date of deceased (mo., d	ay, yr.) Decem	ber 15	) If alive, give ageyears	and that I last saw h C.Y. store on		15.6
0. 7.02.	ears Months 18 11	Days 18	hrs,mln.	Immediate cause of death Ventricular fibrilli	tui	3 minutes
9. Birthplace			rtment	Due to.	ecal.	18 Ylar-
12. Name	. Alvin F	rye k Coun	ty Maryland	Other conditions		
14. Maiden na	Isabel Frederic	le Jon k Coun	es tv Marvland	Major findings of operations		
Isabelle Jones  14. Maiden name. Isabelle Jones  15. Birthplace Frederick County Maryland  C. Alvin Frye  Address R. F. D. #4, Frederick, Maryland			arick. Marylan	Antopsy results		
Burial  (Burial, cremation or removal Whichia)  Cemetery or crematory  Methodist Cemetery			of. 12/6/48 (month) (day) (year)	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide	Date of	
	Kemptown,			Injured at home, farm, industry, public place (w	(here?)	
18. Funerat direct	Uf		on and Son aryland	Bernard Hu		M. D.
Address  19. La Dec (Date rec'd by registrar)  (Date rec'd by registrar)			23. SIGNATURE Assa Defuty Med Address Frederick, Mar			

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY, is especially

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

. PLACE OF DEATH:		2. USUAL RESIDENCE (HOM (For newborn infents give reside	IE) OF DECEASED:	
ounty rederick Frederick	***************************************		County Frederick	
(If outside city or town limits write RU	(RAL and give nearest town)			
low long in above place of death? Lifetime		(If outside city or tow	CK on limits, write RURAL and give nearest	town)
lospital, institution, or street address where death occurred:		Street No. 105 S. Bent:		
		2.(a) If veteran, name war. None	ol, give LOCATION)	
low long in hospital or institution?		2.(d) II Veteran, name war		1
B. (a) FULL NAME Florer	ree Gra	year	3. (b) Social Security Num None	nber
1. Sex 5. Color or race 6.(a)Single,	married, widowed; or divorced	MEDICA	L CERTIFICATION	TAR
Female Colored Ma	arried "	20 DATE DE DEATH	2- 1- 19.45 21.	8 ous
5.(b) Name of husband or Edward Grayso	on		date above stated; that I attended deceased	
	0		19.47 to 12 - 1 -	
Sirth date of	If alive, give ageyears	and that I last saw h. aalive on	11-28-	19.48
deceased (mo., day, yr.) ? 1861				DURATION
B. AGE: Years Months Days	tt tess than one day	Immediate cause of death Candrae	Valorelon Duran	2470
87	hrsmin.			
Buckeystown, Freder	rick Co., Md.	Due to Ceire Las	a sod Jalope	****************
10. Usual occupation Domestic				
		Due to My Post Com	C.	
11. Industry or business		(1. f. )	C 0 '	
12. Name James S. Jones		Dther conditions		•••
13. Birthplace Unknown		(Include pregnancy w	rithin 8 months of death)	
14. Maiden name ? Offutt		Major findings of operations		,,,
15. Birthplace Unknown			Date of op	
16. Interment Mrs Charles Brooks		Autopsy results		
Address Frederick, Maryland	d		se to which death should be charged stati	istically.
		22. VIOLENCE: If death was due to exfe		
17 Burial Date thereo	(month) (day) (year)		Date of	
Cemetery or cremetory Fairview Ceme	tery	Where did injury occur?(City or	town) (County) (S	itate)
Frederick, Ma	ryland	Injured at home, farm, industry, public p	place (where?)	
C. E. Cline &	Son	Means of injury	Injured at work?	
18. Funeral director		OR SIGNATURE U.S. BO	e ma	
	0 00 1 11	23. SIGNATURE U 7. / DO	reme of M.D. or o	ther
19. 2 Dec 1848 Cli	rabith I teck.	The doniet	The Date signed 12	
(Date rec'd by registrar)	Kegistrar	Address	nate sikuen	gg

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

					Reg. Dist. No.	
1. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a	DECEASED:	
City or town Maryland Tuberculosis Sanatorium (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Since 10/20/48		(If outside city or town limits, write RURAL and give nearest town)				
State Sanatorium, Maryland  How long in hospital or institution? Since 10/20/48			Maryland	Street No. 111 S. High S (If rural, give) 2.(a) If veteran, name war.	LOCATION)	+
3. (a) FULL NAM	IE				3. (b) Social Security	Number
	William	Hammor	nd		213-07-71	06
4. Sex	5. Cotor or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	I	Divorced	20. DATE OF DEATH December 2	0, 1948	9:15 P
T. Rieth date of		6.(4	Louvier  O If alive, give age 38 years	21. I CERTIFY that death occurred on the date above 10/20/48 19	,Dec. 20	
8. AGE: Year		Days 5	If less than one dayhrsmin.	Immediate cause of death. Pulmonary Tubercu	losis	14 mos
9. Birthplace Pennsylvania (Town, county, and state)  10. Usual occupation City Laborer  11. Industry or business  12. Name Elmer Hammond  13. Birthplace Pennsylvania				Due to		
				(Include pregnancy within 3 months of death)		
14. Maiden name	Connection	Ai ∞1 e		Major findings of operations		
El 15. Birthplace F	Anna Cai Pennsylva	IITS	- 1- o - 4	Date of op.		*************************
Address 111 S. High St. Balto. Md.  17 Burial (Burial, cremation, or removal, Which?)  Oate thereof (month) (day) (year)		Autupsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		statistically,		
Cemetery or crematory Moreland Memorial			mf.	Where did injury occur?		
Lucation	mPP	- 0 0 0	es. 80-c	Msens of Injury	Injured at work?	
18. Funeral director	urmout	That	W/A	Rola 6. K	elli.	
19(Date rec'd by re		C/A	Jupy Registrar		lin, M.D.	



2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

Reg Dist No. 144

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH:  County.  City or town (17 outside effy or town limits, write RURAL and give nearest town)  How long in above placs of death?  Hospital, Institution, or stress address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For pewborn infants give residence of mother)  Stats County  City or town limits, write RURAL and give nearest town)  Streel No. (If rurai, give LOCATION)
	2.(a) If veleran, name war.
lemma Jane I vu	13. (b) Social Security Number
Lemale Ithete Chalacoed  Lemale Ithete Dislacoed	MEDICAL CERTIFICATION  20. DATE OF DEATH Security 3.7. 19 65. 30 Aim
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that f alrended deceased from 45 19. 10. 2. 2. 19. 19. 2. 2. 19. 2. 2. 2. 19. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
8. AGE: Years Months Days If less than one day 93 5 16	Immediate cause of death Jackure - 6 Lays
9. Birthplace (Town, county, and state)  1D. Usual occupation (Federal Land)	Dus to acuto broscoleta lodays
11. Industry or business	Pther conditions Lensiely
12. Rame Land Land Land Land Land Land Land Land	(Include pregnancy within 3 months of death)
15. Birthplacs Littlestagon Pal-	Major findings of operations.  Date of op.
Address 106 & 8 th St. Frederick mo	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?)  Date thereof. 2.7. 1948  (month) (day) (year)	Accident, suicids, or homicide
Location And Confirm Solution of the Confirmation of the Confirmat	(City or town) (County) (State)  Injured at home, farm, Industry, public placs (whers?)
18. Funsral director D. B. Gelfger & Son	Means of injury Injured at work?
19. Dec. 29 1948 Was S. Pryse. Sr. (Date rec'd by registrar) Registrar	Address MMA Date signed 12:27-48
~ F = A	

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2411 N. Charles St., Battimore

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# CERTIFICATE OF DEATH

n 13:

1. PLACE OF	F DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Frederick			state Virginia	Loudoun	
City or town	(If outside city or town	limits, write RURAL and give nearest town)	curve town Love ttsville (If outside city or town limits, write RURAL and give nearest town)		
How long in abov	re place of death?		(If outside city or town	limits, write RURAL and give ne	arest town)
Hospital, Institut	tion, or street address where	death occurred:	Street No.		
Fred	lerick Memo	rial Hospital	(If rural,	give LOCATION)	/
How long in hos	pital or institution?		2.(a) tf veteran, name war		V
3. (a) FULL		ABBINGTON KAREN		3. (b) Social Security	Number
		ZITTE ZITTE ZITTE		None	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
F	W	S	20. DATE OF DEATH Decemb	er 14th ,48	at 800 P.
0 (h) war at h	unhand on wife		21. I CERTIFY that death occurred on the da	te above stated: that t attended dec	eased from
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			13 Dec.	1848 10 14 De	2. 19.48
7. Birth date of			and that I last saw h	4 Due.	15.48
deceased (mo	., day, yr.)	mber 13, 1948	Immediate cause of death		DURATION
8. AGE:	Years Months	Days If less than one day	Congenital atel	ectores	36 tra
		1/2hrsmln.	0	~ 1 1	***************************************
F	9. Birthpiace Frederick-Frederick-Maryland (Town, county, and state)		Due to Placenta Or	aluia (?)	***
9. Birthplace	(Towr	. county, and state)			
10. Usual occup	<sub>pation</sub> Infan	t	Pueto Fremalur	ily	
11. Industry or	husiness			1	
当 12. Name	Kannath W.	Harrington	Other conditions		
HI 12. Name	Loudoun	County Virginia		***************************************	
El 13. Birthpia	Renul	Sover	(Include pregnancy with	nin 3 months of death)	
置 14. Malden	Beryl	Daver	Major findings of operatinos		
E 15. Birthpla	ace Pennsylv	ania			
10 1-1	Beryl ace Pennsylv Kenneth W.	Harrington	Antopsy results		
II .			PHYStCIAN: Please onderline the cause	to which death should be charge	statistically.
-	6	le, Virginia	22. VIOLENCE: If death was due to extern	nal causes, fill in the following:	
Bur	ial	Date thereof 12/15/48 (month) (day) (year)	Accident, suicide, or homicide	Date of	
(Burial, cee	Union		Where did Injury occur?(City or to		
Encation		le, Virginia	Injured at home, farm, Industry, public pla		
18 Eugani di-	M. R.	Etchison and Son	Meens of Injury	tnjured at work?	
		ick, Maryland	01 1	1/ ( ) 10	1/ D
Address	22001	00 0	23. SIGNATURE CLARLES		. M. D.
10 15-	Dec 1948	Elisabeth & Heels	Frederick M	. ///	or other 19_15_48

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(Date ree'd by registrar)

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#### MARYLAND STATE DEPARTMENT OF HEALTH

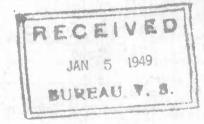
2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

#### CERTIFICATE OF DEATH

12488 Reg. Dist. No. /3 8

1. PLACE OF DEATH: Frederick  County Frederick—Rural R. F. D. #1  (It outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Bartonsville				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland Frederick  City or town Frederick-Rural R. F. D. #1  (If outside city or town limits, write RURAL and give neareat town)  Strest No. Bartonsville		
How long in hospital or				(If rural, give LOCATION)  NON®  2.(a) It veteran, name war		
3. (a) FULL NAM		LIZAB	ETH HILL		3. (b) Social Security None	Number
4. Sex					ertification er 6, 1948	,11:45A
6.(b) Name of husband  T. Birth date of dscsased (mo., day.)	Dabasa	6. (6	e) It alivs, givs agsysars	21. I CERTIFY that death occurred on the date about 19.1 and that I last saw h	o to Decy 6	19.46
8. AGE: Ysars	Months	Days	It isss than one dayhrs	Dayaral extans	lite	
10. Usual occupation  11. Industry or business  12. Names	At Home	county, and a	Maryland	Due to	lens	
14. Maiden name.	Margare Prederick	t Luc	kett ty Maryland	(Include pregnancy within 3 a		
16. informant	*******************************	Frede	rick, Maryland	Actopsy resolts	hich death should be charged	statistically.
. Comstery or cremate	D. #1,	ville Fred	cent 12/9/48  (month) (day) (year)  Cemetery  erick, Maryland	22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide		
Address	M. R. Freder	ick,	son and Son Maryland  aukfalence Registrar	23. SIGNATURE 4. G. Address Frederick, Mar	M. D.	M. D. or other 12-9-48



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

#### CERTIFICATE OF DEATH

	Reg. Diat. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME anna May 2	Suffer 3. (b) Social Security Number
4. Sax  5. Color or race  6. (a) Single, married, widowed, or differed  Linear difference  4. Sax	MEDICAL CERTIFICATION  20. DATE DF DEATH Dec 3/ 1948 1
8.(b) Name of husband or wife  8.(c) If alive, give age year  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  9. Birthplace (Town, county, apd state)  10. Usual occupation  11. Industry or business  12. Name  13. Birthplace (Manage of the state of the sta	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  219.45 to 82.5 19.45  and that I last saw h. A. alive on 90.00000000000000000000000000000000000
16. Intormant	Major findings of operations
(Burial, cremation, or removal. Which?)  Cemetery or crematory.  Location	Accident, suicide, or homicide
18. Funeral director  Address Meddletown Md  19. 1-4  (Date rec'd by registrar)  Registra	23. SIGNATURE C. S.



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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12490

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For powhorn infants give residence of mother)
County	State Mayley County Monte only
City or town (If outside city or town limits, write RURA) and give nearest town)	State County County
How long in ebors piecs of death?	(If outside city or town limps with RURAL and give nearest town)
How long in ecors piecs of usain.  Mospilal, Institution, or street address where death occurred:	
The Level Menonial Hospital	Sireel No
How long in hospital or institution? 47 days	2.(a) If vsteran, name wer
	11
3. (a) FULL NAME	3. (b) Social Security Number
Isa skepie sepuron	
4. Ssz 5. Color or racs 6.(a) Single, manisd, yillowed, of divorced	MEDICAL CERTIFICATION
temal White Widows	Dec 25 V8 81.
amore while grand	20. DATE OF DEATH. Dec. , Z 5 1977 of S A
8.(b) Name of husband or significant Description	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) If alivs, give age years	19.45 10.
T. Birth date of 700 100 100	and that I last eew h last elive on
decresed (mo., day, yr.) Mof. 28 - 1896	Immediate cause of death
8. AGE: Ysers Months Days If Isss than one day	
52 4 27nrsmin.	Central Vermontesse Lames
Washwill Tenan	Due to.
9. Birthplace	
10. Usual occupation Home Wife	
) /	Due to
11. Industry or business	
12. Name 12. Name 13. Birthplace Leaves	Dither conditions
13. Birthplace Leave	(Include pregnancy within 3 months of death)
= 14 Maiden neme Matetatia Cowe	
5	Major findings of aperatiana
₹ 15. Birthplace	Date of op.
18. Informant Clasa & ackson	Autopay results
Address Poplar Springs my	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B + 1 1 1 30 1940	22. VIOLENCE: If death wee due to external causes, fill la the following:
(Burisl, cremation, or rames) Whitehall (day) (year)	Accident, suicide, or homicide,
Cemetery or cromater Softanislille mag	Where did Injury occur? (City or town) (County) (State)
7:6 X -	
Location Location Control Cont	Injured of home, farm, Industry, public place (where?)
18. Funeral director Both M Banker	Meens of Injury Injured at work?
det ille med	all of hon
Address Address Address	23. SIGNATURE A. A. Jessey M. D.
19 28 Dec 1948 Elisabeth 4. Hock	M. D. or other
(Data rec'd by registrar) Registrar	Address Trefrank B. Date signed 72.5/64

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Transferance and English to Sale

Marie Carlotte and Carlotte

DEC 30 1948

BURRAU V. A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

12491 Reg. Dist. No. /34

•	TOST DIET TO THE PARTY OF THE P
County (If outside city or town limits, write XPRAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).  State
How long in above place of death? 2.5 flash	(If outside city or town limits, write KARAL and give nearest town)
dospital, Institution, or street address where death occurred:	
	Street No
	7/5
low long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Martin Telly	3. (b) Social Security Number
1. Set 5. Color or race 8. (a) Single. married, widowed, or divorced male lokete marked	MEDICAL CERTIFICATION
2 9 2 2	20. DATE OF DEATH AMERICAN 3.7, 18 ALM 21 8 P.
6.(b) Name of husband or wife Messack Et. Lallet	2t, I CERTIFY that death deuted on the date above stated; that detended decease the search of the date above stated; that detended decease the search of the date above stated; that detended decease the search of the date above stated; that death decease the search of the date above stated; that death decease the search of the date above stated; that death decease the search of the date above stated; that death decease the search of the date above stated; that death decease the search of the date above stated; that death decease the search of the date above stated; that death decease the search of the date above stated; that decease the search of the date above stated; that decease the search of the date above stated; the date above stated is determined by the date above stated in the search of the date above stated in the date above s
7. Birth date of deceased (mo., day, yr.) 9-18-1872	and that I last saw have alive on Section 29 1970
B. AGE: Years Months Days If less han ooe day  76 3 14	acute gactris hewartage 12 he
10. Birthplace Patadis France Julius Co. 7.  (Town, county, and atate)	Due to gastris Caremona Lys
ff. Industry or business Laboret .	Duc to
	h. seasdealtailise // he
12. Name Sticker Celly  13. Birthplace Ireland	Other conditions And Andrews
(3. Birthplace Ireland	(Include pregnancy within 3 months of death)
14. Maiden name Mary Collect	
14. Maiden name Mary Collect Par	Major findings of aperatious.
El 15. Birthplace Bleeneastle.	Date of op.
16. Informant Mes Minnie Kelley	Autapsy resalts
6 4 /2 /	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Commissionery, Ind.	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	
(Burial, cremation, or removal, Which?)	nest and several or washington
Cemetery or crematory Andrea Buthery	Where did injury occur?
IP + 21	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director 12 State of State	Maans of Injury Injured at work?
Address human 1 Prod.	23. SIGNATURE W. P. COALL MI
19. Octorec'd by registrary Registrary	rar Address June Pruy ky Date signed 2-304

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BUREAU V. 8.

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH: County Frederick City or term (If outside city or town limits, write RURAL and give nearest tow	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland Frederick  City or transcription (If outside city or town limits, write RURAL and give nearest town)  Street No. 128 South Market Street  (If rural, give LOCATION)  None		
Hospital, Institution, or street address where death occurred:  128 South Market Street			
How long in hospital or institution?	2.(a) If veteran, name war None		
3. (a) FULL NAME HARRY ELSWORTH LAKEL	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W M	20. December 2, 19 48 at 8:55P		
6.(b) Name of hostests or wife. Mary Weatherholt  6.(c) If alive, give age. 62  7. Birth date of deceased (mo., day, yr.) January 22, 1867	and that I last saw had all ve on		
8. AGE: Years Months Days It less than one day 10 10	Immediate cause of death  Degenerative heart 2 yrs		
Retired  10. Usual occupation  11. Industry or business  12. Name Charles F. Lakel  13. Sighboloss West Virginia	Due to		
14. Malden name Deliah Matlick 15. Birthplace West Virginia	. (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.		
Mrs. Thomas Zimmerman  Address Rosemont Ave., Frederick, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial    Complete the control of th	22. VIOLENCE: It death was due to external causes, fill in the tollowing:		
Frederick, Maryland	Injured at home, farm, Industry, public place (where?)		
M. R. Etchison and Sor			
18. Funeral director  Address Frederick, Maryland	23. SIGNATURE Cotton 7. Woodward M. D.		
19. 3 Dec (Date rec'd by registrar)	Frederick, Maryland Date signed 12-3-48		

BINDING

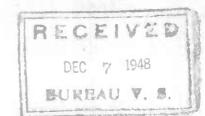
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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131

# CERTIFICATE OF DEATH

			CERTIFICIT		Reg. Diat. No	
1. PLACE OF DEATH: County Frederick City or Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospitat, institution, or street address where death occurred: 50 East South Street  How long in hospitat or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  City or team  (If outside city or town limits, write RURAL and give nearest town)  50 East South Street  (If rurel, give LOCATION)  None  2.(a) If veteran, name war.		
3. (a) FULL NAM	LOUISA	MARY I	LONG		3. (b) Social Security None	Number
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
F	W		W	20. Date of Death December		, 6:15P
6.(b) Name of husband 7. Birth date of	Jenner		) If alive, give ageyears	21. I CERTIFY that death occurred on the date abo	ve stated; that attended dec	9 19 4 8
deceased (mo., day,	7	Days	If less than one day	Immediate cause of death	·····	OURATION
8. AGE: 7(		25	hrsmin.	Carlenan	40	
10. Usuai occupation	At Hom	eounty, and at		Oue to		6100
	illiam H. Frederick		son y Maryland	Other conditions		
≥ 13. Birthplace	Carolin	e Hows	ard	(Include pregnancy within 3 r		
14. Maiden name	Fraderi ek	Count	y Maryland	Major findings of operations		
	rs. Claud				Oate of op	
15. Interment			rederick, Md.	PHYSICIAN: Please underline the cause to w	hich death should be charge	d statistically.
Buria. (Burial, crematic	Mount	Oate there	(month) (dsy) (year)	22. VIOLENCE: 11 death was due to external cau Accident, suicide, or homicide		
Leastler			Maryland	Injured at home, farm, industry, public place (w		
Location	M. R.		son and Son	Mesns of Injury	Injured at work?	
1B. Funeral director. Address		** ** * * * * * * * * * * * * * * * * *	Maryland	Hotal Hotal	Mas	M. D.
19. 11 Dec	19.4.8.	el.	rabethy . Hech	23. SIGNATURE Address. Frederick, Mar	yland Oate signe	1. or other 12-10-48

DEC 13 1948
BUREAU V. S.

DEC 19 1945
BUREAU V. B.

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MARYI	.AND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State		
3.(a) FULL NAME Sarah Elizabeth La	3. (b) Social Security Number		
Female White Widowed or divorced  Temple Wille Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date shows stated; that Tatlended discessed from  Non-curlier   5   9   4   6   10   5   20   7   19   48    and that I last saw h. A.T slive on		
8. AGE: Years Months Days If less than one day 82 3 16	Immedite cause of death DURATION DURATION		
9. Birthplace Respersion Fred. Co. M. (Town, county, and atate)  10. Usual occupation Productive States of the state of th	Due to		
11. Industry or business  12. Name Fisher  13. Birthpisce Farmer, Md.	Other conditions		
14. Maiden name Mary & Valentine  15. Birthplace Balency, Md.	(Include pregnancy within 3 months of death)  Major fieldings of operations		
16. Interment Mrs. Elbert & Harbough	Actopsy resolts.  PHYSICIAN: Please underline the cause to which death should he charged statistically.		
17. Bursal, cremation, or removal, Which?)  Date thereof 12-20-48  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, sutcide, or homicide		
Commetery or crematory Canada	Whers did injury occur?		
18. Funeral director. The Taxanger of Address Thurmouth Md.	23 SIGNATURE Xament. Gran. Fr.D.		
19 Dec. 20 1948 Blanch S. Eyle (Date rec'd by registrar) Registrar	Address () Thursday The Date signed & . (X-Y		



PLEASE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

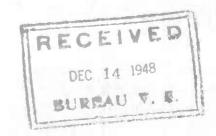
2411 N. Charles St., Baltimore

1.	- 4	r	-13-

# CERTIFICATE OF DEATH

12495 Per Diet No. 141

1. PLACE OF DEATH: Frederick  County Frederick  City or town Brunswick  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 1.7 months  Hospital, Institution, or street address where death occurred: 613 N. Maple Avenue  How long in hospital or institution?	2. USUAL PESIDENCE (HOME) OF DECEASED:  (For prowhorn infants give residence of mother)  State Maryland county Frederick  City or town Brunswick  (If outside city or town limits, write RURAL and give nearest town)  Street No. 613 N. Maple Avenue  (If rural, give LOCATION)  2.(a) If veteran, name war None		
3. (a) FULL NAME	3. (b) Social Security Number		
Cora Virginia McElvoy	None		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	20. DATE OF DEATH December 10, 1948, at 0:45P.		
6.(6) Name of husband or wife William McElwoy  6.(c) If alive, give age	21. I CERTIFY that the atherical on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) March 11, 1868			
8. AGE: Years Months Days If less than one day 80 8 29min	Immediate vause of death		
9. Birthplace Washington County, Maryland (Town, county, and atate)  1D. Usual occupation House Wife	Due to.		
11. Industry or business OWN Home	00010		
E 12. Name. James M. Patten 13. Birthplace Unknown			
14. Maiden name Annie Frances Reed	(Include pregnancy within 8 months of death)  Major findings of operations		
To, Britishave			
16. Informant Mr. W. S. Hammond  Address 613 N. Maple Ave. Brunswick, Md.	PHYSICIAN: Please underline the eaose to which death should be charged statistically.		
17. Burial Date thereof 12/13/48 (Burial, cremation, or removal, Which?)  Date thereof 12/13/48 (month) (day) (year)			
Cemetery or crematory Samples Manor Cemetery	Where did injury occur?		
Location Samples Manor, Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director 6. H. Feste and Bro	Maans of Injury Injured at work?		
Address Brunswick Md.	23. SIGNATOR M. D. of other		
(Dute roe'd by registrar) 1948 Eugenia Mr. Buch	Address Dansunda Ma Data signed 2-11-V		



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

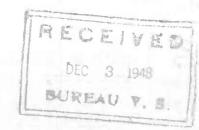
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12496

# CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH: Frederick County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  County Frederick
City or the (If outside city or town limits, write RURAL and give nearest town)	H'mademi cir
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 312 West South Street
Frederick Memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. None
3, (a) FULL NAME	3. (b) Social Security Number
SHAWN GLENVILLE MCGAHA	None
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W S	2D. DATE DF DEATH. December 1, 19 48 at 7 A
	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
6.(b) Name of husband or wife	10 x 29 148 10 Dec 1948
7. Birth date of Novyombon 20 1049	and that I last saw h Whi alive on 14 Y 3a 1947
7. Birth date of deceased (mo., day, yr.) November 29, 1948	Immediate to se uf death
8. AGE: Years   Months   Days   It less than one day	Immediate carbe the death
2min.	The Mis turil 6 Mg
Frederick-Frederick-Maryland  (Town, county, and state)  1D. Usual occupation.  11. Industry or business  12. Name.  Austin W. McGaha	Due to
13. Birthplace Frederick, Maryland	
Jane Rae	(Include pregnancy within 3 months of death)
14. Maiden name. Jane Rae  15. Birthplace Scotland  16. Informant Austin W. McGaha	Major findings of operations.
15. Rithplace Scotland	Date of op.
16. Informant Austin W. McGaha	Autopsy results.
TO, INIOTHIBES	DIVERGIAN. Bloom underline the course to which death should be charged statistically.
Address 312 W. South St., Frederick, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial (Burial expunsion or removal Which)	Accident, suicide, or homicide
(Burial, cremation, or removal, Whitch)  [Burial, cremation, or removal, Whitch)  [Burial, cremation, or removal, Whitch)	
Cemetery or Cremence Mount Olivet Cemetery	Where did Injury occur?
Frederick, Maryland	Injured at home, tarm, Industry, public place (where?)
18. Funeral director. M. R. Etchison and Son	Means of Injury Injured at work?
Enedenial Manuland	The state of the s
0 1/2000	23. SIGNATURE M, D, or other
19. Dec. 1, 19 48 Climbert, T. Hold., Registrar	Frederick Maryland 12-1-48



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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12497

# CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH: countyFrederick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
Frederick		State Maryland County Frederick				
City or town (If outside city or town limits, write RURAL and give nearest town)		Frederick				
How long in above place	of death? 60	Years	•••••			
Hospital, Institution, or street address where death occurred:		Street No. Home for the Aged - Record Street (Ifrural, give LOCATION)				
Home for the Aged  Now long in hospital or Institution? 4 Years						
How long in hospital or	Institution?4	iears		2.(a) It veteran, name war None		
3. (a) FULL NAME					3. (b) Social Security	Number
FLOR	ENCE H. E	. MEALE	CY		None	
4. Sex			MEDICAL C	L CERTIFICATION		
Female	White	9	Single	20. DATE OF DEATH. December	29th 18 48	2:30 A
	- 14-			24 I CERTIEV that death accurred on the date of	nove stated: that i attended dec	eased from
The second secon				December 28th	48 6 Decemb	per 29 48
7. Birth date of			e) If alive, give ageyears	and that I last saw h er alive on De	cember 28th,	19 48
deceased (mo., day, y	.) Septem	ber 13,		Immediate cause of death		OURATION
8. AGE: Years	Months	Days	tf less than one day	Acute coronary		
90	) 3	16	hrs min.			
9. Birthplace Nr.Sh.C	okstown.	Frederi	ck Co., Maryland	Due to Chronic myocal	rditis	18 mos.
10. Usual occupation	Retired				•••••	****
11. Industry or business				Due fo		***
		alex		Other conditions		***
T. Name	M. A.C. D M. B M.	Contraction to the second	Maryland			***************************************
				(Include pregnancy within 3	months of death)	
본 14. Maiden name.	Elizabeth	Stale	<i>T.</i>	Major findings of operations		
15. Birthplace	Frederick	County	y, Maryland			
to interest Mr	s. Horace	C. Zac	charias	Autopsy results		
				PHYSICIAN: Please underline the cause to	which death should be charge	d statistically.
	rederick,			22. VIOLENCE: If death was due to external ca	auses, fill in the following;	
17 Burial	es removal. Which	Date ther	eof December 31, 1948 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or example	y Mount	Olivet	Cemetery	Where did injury occur?(City or town)	(County)	(State)
			aryland	Injured at home, farm, Industry, public place (		
1B. Funeral director	C.E.	Cline d	& Son	Means of injury	Dejured at work?	4 -
Address	Freder	ick, Ma	aryland	as signature	T, Couly	
19. 30 Dec	3.401	9/	isalitely Hels	23. SIGNATURE	Corrley, M. D	12/30/48



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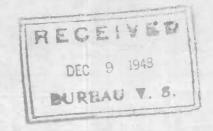
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12498 Reg. Diat. No. ....

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	(For nemborn infants give residence of mother)
County	State My county & Rederick
City or town (If outside city or town limits, write RURA) and give nearest town)	De la companya della
How long in above place of death? 2 weeks	City or town
Hospital, institution, or street address where death occurred:	
	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3. (a) FULL NAME Charles Metze	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Single	2D, DATE OF DEATH 2 6 19X 8 21 2 A M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
7. Birth date of	and that I last saw h.1. The l
deceased (mo., day, yr.) Cetoker 31, 1948	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Quilly VI abou
/ 5hrsmin.	and Alas In O Awallenne of 4:
Frederick - Freder md	12011 Had Platter
9. Birthplace	Due to.
10. Usual occupation	Due to
11. industry or business D	
H 12, Name Mulls / Meller f.	Other conditions
12. Name Mulls Meller Fr. 13. Birthplace Middletown Mid	
# 1000 hding Xinith	(Include pregnancy within & months of death)
E 14. Malden name.	Major fiadings of operations
15. Birthplace Mifersville, md.	Date of op
16. Interment Charles metaser W.	Antopsy results
no	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Myelsvely, ma.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide at cedent pate of 12.6.48
(Burial, cremation, or removal, which)	Where did Inhery occur? how Merwelle products / d
Cemetery or crematory	(City of town)
Location Mrs Myersolly, mg.	Injured et home, farm, Industry, public place (where?)
(4 0 2 B. TIV)	Meens of injury smallered De injured at work?
18. Funeral director.	DEPUTY R. W. D.
Address My cronly mg.	DEPUTY MEDICAL BARR
Dea C 40 Stone Whithin	23. SIGNATURE
19. (Date rec'd by registrar)	Address Date signed 12.8.48



DURATION

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No.

F)	derick rederick	limits, write R	URAL and give nearest town)	Frederick	county Frederick
Hospital, Institution, 236-A I	or street address where North Mar	ket St	reet	Street No. 236-A Nort	h Market Street
3. (a) FULL NA				2.(b) (1 veterall, liame wal	3. (b) Social Security Number
3. (a) FULL NA		AM EDW	ARD MILLER		None
4. Sex	5. Color or race	6.(a)Singt	e, married, widowed, or <del>divorce</del> d	4	L CERTIFICATION
6.(b) Name of hueba 7. Birth date of deceased (mo., da	Decem		iman c) If alive, give age 69 year 5, 1874	and that I last saw halive on	
8. AGE: Ye	74 O	Days 1	tf less than one day high min	Immediate cause of death	DURI /SXX
1D. Usual occupation	Retir	ed Mille	Maryland or or oty Maryland	Due to	
				Major findings of operations	ithin 3 months of death)  Date of op.
			er Fred'k, Md.		se to which death should he charged statistically
17 Buria, Oremat	Mount	Date the	ed 12/27/48  (month) (day) (year)  t Cemetery	22. VIOLENCE: If death was due to exte	Date of
Location	Frede	rick,	Maryland	Injured at home, farm, Industry, public p	place (where?)
18. Funeral directo			on and Son	Msans of Injury	tnjured at work?
Address  19. 2.7 Date (Date ree'd by	ec 1948	61	laryland lipolitic y Hzcla	23. SIGNATURE	M. D. or other  L ) L Date signed

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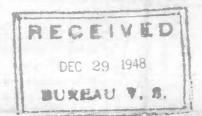
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ADING INK. Supply every item of Physicians: please write the causes

WRITE

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2411 N. Charles St., Baltimore

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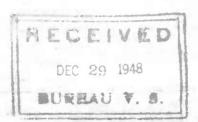
CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH:  County. Frederick  City or Jown. Frederick  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  378 Madison Street  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Maryland  State  Frederick  Off outside city or town limits, write RURAL and give nearest town)  378 Madison Street  Street No.  (If rural, give LOCATION)  None  3.(b) Social Security Number
ALTA FLORENCE MURPHY	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or diversed-	MEDICAL CERTIFICATION
F W M	20, DATE OF DEATH. December 26, 19 48, 21 11:45Am
5.(b) Name of husband	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.36 to 22.26 19.48  ars and that I last saw h
8. AGE: Years Months Days If less Ihan one day 53 9 13	Immediata cause death DURATION 5 70000
Middletown-Frederick-Maryland (Town, eounty, and state)  1D. Usual occupation. At Home  11. Industry or business  12. Name Hanson Kepler  13. Birthplace Frederick County Maryland  Salone Done Done S	Due to
Salone Dorcus  14. Maiden name. Salone Dorcus  15. Birthplace Frederick County Maryland  16. Informant. John H. Murphy	Major findings of operations.  Date of op.
John H. Murphy  Address 378 Madison St., Frederick, Md	Autopay results
Burial  (Burial, cremation, or removal, Which2)  Cemetery or cremator,  Burial  (Burial, cremation, or removal, Which2)	Where did injury occur?
18. Funeral director. M. R. Etchison and Son  Address Frederick, Maryland  19. 28 Dec. 19.48 Etchison and Son  (Date ree'd by registrar)  Registrary	Means of Injury  Injured at work?  M. D.  M. D. or other  Address Frederick, Maryland  Date signed 12-28-4:

BINDING RESERVED FOR

ADING INK. Supply every item of information carefung. The epysicians: please write the causes of death clearly and legibly

The correct age

PLEASE WRITE



2411 N. Charles St., Baltimore

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CERTIFICA	Reg. Diat. No. 131
1. PLACE OF DEATH:  County Frederick  City or lown Jefferson-Rural  (If outside city or town limita, write RURAL and give nearest town)  How long to above place of death?  Hospital, institution, or street address where death occurred:  Near Jefferson  How long in hospital or institution?  3. (a) FULL NAME  ESSIE ELIZABETH PAINTER  4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland Frederick  Outly or town Frederick  Oity or town Jefferson - Rural  (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  None  3. (b) Social Security Number  None
F W S	MEDICAL CERTIFICATION
T AA   2	2D. DATE DF DEATH
.(b) Name of husband or wife	and that I last saw h. P. Mue on December 16, 19 48  Immediate cause of death Walture took Duration
8. AGE: Years   Months   Days   If less than one day   2   20  hrsmin.	ZNI
9. Birthplace Frederick County Maryland (Town, county, and atate)  Infant  11. Industry or business	Due to
	Diher conditions
Charles C. Painter  Name Charles C. Painter  12. Name Charles C. Painter  13. Birthplace Frederick County Maryland	
Yirlie E. Snyder  14. Maiden name Virlie E. Snyder  15. Birthplace Frederick County Maryland  Mrs. Virlie Painter	(Include pregnancy within 3 months of death)  Major findings of operations
Mrs. Virlie Painter	
16. Informant	Actorsy results
Address Jefferson, Maryland - Rural  Burial  (Burial, Cremation, or removal, White)  Cemetery or exemptors  Mount Olivet Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Frederick, Maryland	Injured at home, farm, industry, public place (where?)
M R Ftchigon and Son	Means of Injury  Deputy Wad. Ex
18. Funeral director	N.w. Boir
19. 20 Dec 1948 Elizabeth tule: Registrar	M. D. or other

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully mportant. Physicians: please write the causes of death clearly are

WRITE PLAINLY, is especially



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

125112 Reg. Diat. No. 145

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence af mother)	,
County Fredericky	The dead of the second	61
City or town. (If outside sity or town limits, write RURAL and give nearest town)	State County County	ت
(If outside city or town limits, write RURAL and give nearest town)	City or town	
Now long in above piece of death?	(If outside city or tuwn limits, write BUKAL and give nearest town)	
Hospital, Institution, or street address where deeth occurred:	Street No.	
	(If rural, give LOCATION)	
How long in hospitat er isstitution?	2.(a) If veteran, name war	•••
3. (a) FULL NAME Jacob. U. Palme	3. (b) Social Security Number	
4. Ses   C. Color or racs   8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	20, DATE OF DEATH RC 6 10 48 21 8-5	4
B.(b) Home of husband or wife Mars. Mary Palmer	21. I CERTIEY that death occurred on the date above stated; that battended decessed from	0
	Sept 148 10 xee 6 194	0
5. (c) If alive, give ege years	and that I last ssw h alive on	8
deceesed (ma., day, yr.) Mar. 23, 18/3	Immediate cause of death	N
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death.	
75 8 21hrsmin.	Clas Valendar/ heart diverse HY	48
8. Birtholace Halfwelle Frederick Co myd	Due to	
18. Veval ecospation	Duo to	
11. Industry or business		
12 lene arch Palmer	Dthor conditions	
13. Birthplace Walfwelle md.		
all 13. Birrightage	(Include pregnancy within 3 months of death)	
14. Meiden neme	Major fisdings of operations	
I 15. Birthelaca It offshelle ond.	Date of op.	
001/400		
18. Informent	Autopsy resulta	
Address Myennelle Md.		
13 10 Don 91945	22. VIOLENCE: If death was the to esternal ceuses, fill in the following:	
(Burial, cromatiun, or remuval, Which)  Dete thereof	Accident, suicide, or hopotide	
F F ( 1 = -1) ( 1 = -1 / 1 = -1	Where did injury octur?	
Cemetery or oremetory		
Location	Injured at Arome, ferm, Industry, public place (where?)	*****
Elad Lilo. C.	Mesns of Injury injured at work?	
10. Funeral director	(C1// m.C)	
Address Modellorgy Ja.	23. SIGNATURE 2 Harp Mass	
100 9 160 Allens hittle	M. D. ur other	
(Date ree'd by registrar)  (Date ree'd by registrar)	Address Michael Aletours Date eigned 2-7-	4

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

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CERTIFICA	TE OF BEATTI	Reg. Dist. No.
1. PLACE OF DEATH:  County	City or town (If outside city or town lim	County County Co-
3. (a) FULL NAME John David Palmer		3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced water white hearing		CERTIFICATION  - 19 48 91 12, 40
6.(b) Name of husband or wife Hazel 6. Palmer  5.(c) If alive, give age 5.7 years.	21. I CERTIFY that death occurred on the date:	
deceased (mo., day, yr.)   Study 22 - 788	Immediate cause of death	
9. Birthplace	Due to	
12. Name James H. Palares  13. Birthpiace Darlow, va.		3 months of death)
14. Maiden name Surger J. Hanger  15. Birthplace Stanton, val.  16. Informant R. M. Parmer (2001)		S months of death)
Address Silver Spring; Med  17. Burial, cremation, or removal. Which?)  Oate thereot. Dec. 14, 1943  (Burial, cremation, or removal. Which?)	PHYSICIAN: Please underline the cause to	Date of
Cometery or community augusta Stone Location Fact Defiance Va.  18. Funeral director L. L. Allisan	(City or Gwr Injured at home, farm, Industry, public place Means of injury	
Address Emiliary Manager Manag	3. SIGNATURE George N.	Rigy WD M. D. or other M. D. or other

UNFADING INK. Supply every item of information carefull ant. Physicians: please write the causes of death clearly and

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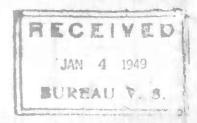
### CERTIFICATE OF DEATH

125114 Rog. Dist. No. /34

2411 N. Cha	artea St., Baltimore 472
CERTIFICA	ATE OF DEATH Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Frederick  City or town Emmitsburg, Md.  (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Robert Condon Paraba	3. (b) Social Security Number 083-18-8029
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced  White Ruges	MEDICAL CERTIFICATION  20. DATE OF DEATH.  DEC 7.6 19.46 31.5
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of deceased (mo., day, yr.) December 16, 1968	Immediate cause of death DURATIO
8. AGE: Years Months Days It less than one day 40 00 10	in a call alcoholism
9. Birthplace Frederick city, Frederick co.  (Town, county, and state)  Clerk  10. Usuat occupation  11. Industry or business Montgomery Ward  12. Name Frank Fampel  13. Birthplace Frederick city Frederick co	Due to  Other conditions  (Include pregnancy within 3 months of death)  Majur findings of operations.
18. Informant J. Bernard Welly	Autupsy results
Burial (Burial, cremation, or removal, Which?)  Oale thereof Dec. 29, 194 (month) (day) (year)	22. VIOLENCE: If death was due to external causee, till in the toilowing;  Accident, suicide, or homicide
Cemetery or crematory St. Joseph Catholic Cemeter  Location Emmits burg, Md.  18. Funeral director.	(City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Meene of Injury Injured at work?
Address Emmitsburg, Md.	23. SIGNATURE P. W Bole Deputy Ex  M. D. or other  ar Address Fredrices & Date signed 12.26

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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125115 Reg. Dist. No. 145-

# CERTIFICATE OF DEATH

	· · · · · · · · · · · · · · · · · · ·
1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County & raderick	State Md. County Krelenck
(If outside city or town limits, write RURAL and give nearest town)	Rusal mueron ll.
How long in above place of death? 20 44 Hospital Institution, or street address where death occurred:	A CONTRACTOR OF THE CONTRACTOR
	Street No
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Roy Emmerson Poffe	nberger 3. (b) Social Security Nymber
4. Sex 5 Color or rage 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DE DEATH Dec. 20 1948 21 6:30 A M
6.(b) Name of husband or wite Marcha Ellen	21. I CERTIFY that death occurred on the date above stated; that I attended deceneed from
Poffinberger 6.(c) If alive, give age 4 7 year	Bec 17 1948 10 Dec 20 1948
7. Birth date of deceased (mo., day, yr.) June 15, 1898	200 1121 1 1251 62W (t
8. AGE: Years Months Days If less than one day	Immediate cause of death
50 6 5min	Cerebral Hemorrhage 3 days
9. Birthplace Myraille Gradericke Con Mid.	Due to
1D. Usual occupation	Due to
11. Industry or business	
12. Name Elmen Faffenberger 13. Birthplace muerwille Phys.	Dther conditions
	(include pregnancy within 3 months of death)
14. Maiden name Bla Harshman  15. Birthplace Deursville, Md.	Major findings of operations.
\$ 15. Birthplace Describe md.	- Date of op.
16. Interment mus marcha Poffinberger	Antopay results
Address myersaille mot.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal. Which?)  Date thereof Date 23/948  (Burial, cremation, or removal. Which?)	22, VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory U. B. Cemetery	Where did Injury occur?
Location muerosille mad.	Injured at home, fam, Industry, public place (where?)
18. Funeral director Blashill Co.	Maene of Injury Injured at work?
Address Middletown, Ind.	S Hand mo
1 10 23 10 Fg 1 (ditti	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address M. S. Lletow Date signed 12-22-48



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

46 b-

Reg. Dist. No. 143

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	med Indones
City or town	State County Cou
How long in above place of death? 55 Gears	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. (If rurai, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
ann Elizabeth (	Toole Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Wiclowed	20. DATE OF DEATH LOCC 26, 18 4 9 at 1:30 PM
B.(b) Name of husband or wife Legeleiah Pools	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
R (c) tf alive give ago years	20 1948, 10 Dec 26 1948
7. Birth date of	and that t last saw h.l. alive on Sec 2 & 1988
deceased (mo., day, yr.) 2 2 2, /8 6 6  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
82 3 4min.	
11 / 7 / 0	aramona J Stomach 1 11
9. Birthplace A assuring tedes med. (Town county, and state)	Due to
10. Usual occupation Retired	
11. Industry or business a Domestic	Due to
	Other conditions
12. Name Ogu Baker 13. Birthplace Judes. Md	
	(Include pregnancy within 3 months of death)
14. Maiden name. Amanda Delaule.  15. Birthplace Died. Co. Md.	Major findings of operations
Miss all Parlo	Autopsy results.
Address Mylnaville and	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Andia 6010 20 1010	22. VIOLENCE: If death was due fo external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mossinchles	Where did injury occur? (City or town) (County) (State)
Location My. my essrille my	Injured at home, farm, Industry, public place (where?)
18. Funeral director Jaul 3. Bittle	Msans of tnjury Injured at work?
Address Myersville, Inf.	15 Harb mis
La sa la Sella la Allo.	23. SIGNATURE M. D. or other
19. Olde rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address Date signed 2-28-18

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MARYIAN	D STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

122 & (150c)
Reg. Dist. No

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For provious infants give residence of mother)
county Frederick	
City or town Jradeview Hipits, write RURAL and give nearest town)	state Mary and county Carnell
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Ivederick Memorial Hospital	Street No
How long in hospital or institution? 9 days	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Parle Mrs Edna &	220-18-0326
4. Sex   5. Coldr or race   B. (a) Single, married, millamed, or divorced	MEDICAL CERTIFICATION
Female white married	20. DATE DF DEATH December 31 1048 .1 1:05A
8.(6) Name of husband or wife Poole, Mr. Harvey U	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1 24	Decem Ber 30 10 48 10 December 31, 10 48
7. Birth date of	and that I last saw h. V. alive on Decam ber 31 19 48
deceased (mo., day, yr.) 8-2/-/3	Immediate cause of death Intestinal abstruction DURATION
8. AGE: Yeare Months Days If less than one day	Intussusception I day
35- 4 10hrsmin.	
8. Birthplace Howard Co. maryland	Due to.
(Town, county, and state)	
10. Usual occupation NOUSewife	Due to
1f. Industry or business	
	Ditter conditions normal delivery of live
12. Name May ne, Mr & nes 4.  13. Birthplace Frederick Co. Ind.	
	(include pregnancy within 3 months of death)
14. Maiden name Susan E. Shankle  15. Birthplace Frederick Co. Ind.	Major findings of operations.
	Date of op.
18. Informant mr. Hawey W. Posle	Autopsy results
Address Hoodbine - Sed.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 2 1010	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Cremetion or removel, Which?)  (Burial Cremetion or removel, Which?)  (month) (day) (year)	Accidant, suicide, or homicide Date of
Cometery or annual Jennings Chapel	Whera did Inju: y occur?
ness blain - many land	Injured at home, farm, industry, pub'ic placa (where?)
Location CO P CO .	Maans of Injury tnjured of work?
18. Funeral director. C. E. Cline 7 Son	(, (, a n)
Address Frederick-md.	1. A. Clausse M.L
2-90 18 CD. D AT LILL	23. SIGNATURE M. D. or ther
19. 3 - Jan 19.49 Chaluth Steele. Registrar	Address Ildenda Md. Dain signed

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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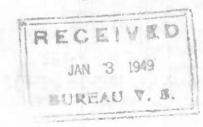
Address Frederick, Maryland Date signed 12-29-48

12508

#### CERTIFICATE OF DEATH 1. PLACE OF DEATH: County Frederick 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Frederick State Maryland County Frederick (If outside city or town limits, write RURAL and give nearest town) 223 East Second Street Hospital, institution, or street address where death occurred: Frederick Memorial Hospital (If rural, give LOCATION) None How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number CHARLES SMITH PRICE None 6.(a)Smale married, widowed, or divorced MEDICAL CERTIFICATION December 28, 48 , 12:15P Helen Urner 21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from March 31, 1881 deceased (mo., day, yr.) If less than one day 8. AGE: S. Birtholace Frederick-Frederick-Marvland (Town, county, and state) Retired 1 t. Industry or business 12. Name John E. Price 13 Birtholace Frederick County Maryland (Include pregnancy within 3 months of death 14. Malden name Mary Ordeman 15. Birtholace Frederick County Maryland 16. Informant Mrs. Helen Urner Price PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 223 E. 2nd St., Frederick, Md. 22. VIOLENCE: If death was due to external causes, fill in the following Burial Commetery or overselvery Mount Olivet Cemetery Where did Injury occur? ...... Frederick, Maryland Injured at home, farm, Industry, public place (where?) ..... Means of Injury M. R. Etchison and Son

Frederick, Maryland

(Date rec'd by registrar)



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

125119 Reg. Dist. No. / 38

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County New Jerudan Md	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County County
How long in abovo place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street addross where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) ti veteran, namo war
3. (a) FULL NAME Q	3. (b) Social Security Number
James Codward Persy	02. 220-10-5043
4. Sex 5. Color or race 6.(a) Single, married, widowad, or divorced	MEDICAL CERTIFICATION
Wale Black Married	20, DATE DF DEATH Occumber 3 1948 14 P
6.(6) Name of busband or wife Bertha, Thomas Pryon,	21. I CERTIFY that death occurred on the date above stated: that taitended deceased from
	nov 1 1947 10 Dec 3 1948
7. Birth date of deceased (mo. day, yr.) 5 40 10 da 15 82	and that I last saw h Malivo on Now 30 1868
	Immediate cause of duth, DURATION
// / 90	Were car I moult
9. Birthplace Frederick 60 Md.	Due to Chrone Intuchillal 3 yra
(Town, county, and state)	nefehrte
10. Usual occupation	Due to
11. Industry or business	
12. Hame William Bryst 13. Birthplace Frederick 60 Md.	Other conditions
\$ 13. Birthplace Frederick 60 Md.	(Include pregnancy within 3 months of death)
# 14. Maiden name Mary Tyles	
15. Birlhplace Frederick to War	Major fiedings of operations
Acath - Onda	Bate of op.
16. Informant Distance Control of	Autopsy resulta
Address / W. Wy Warykana,	22. VIOLENCE: It death was due to esternal causes, till in the tellowing;
(Burial, cremotion or removal, Wilth?)  Bate thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Sorseys Chapel Cometary	
Delly Landon Md.	Where did injury occur?
Location	Injured at home, tarm, Industry, public place (where?)
18. Funeral director W. E. Falconer	Means of Injury Injured at work?
Address new Mark et Md	Enech & Rook how
her 5 48 Luis Kyslers	23. SIGNATURE
19. Ohte realth a realth and 19. 70 process 13. 13. 13. 13. 13. 13. 13. 13. 13. 13.	men herest ma, 12-4-11

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2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

								regi Dieti itoi	
1. PLACE OF DEATH Frederick  County Frederick  City or team (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 4 Weaks					2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  RuralFrederick  (If outside city or town limits, write RURAL and give nearest town)				
								Hospital Institution, or s	treet address when
rutchiey	MULBIN	4 Wee	OO N.	Market	as agreet No	(If ru	ral, give LOCA	ATION)	
How long in hospital or in			31.0	***************************************	2.(a) If veteran, na	me war	ho		
3. (a) FULL NAME							1 3	(b) Social Securit	ty Number
•• (a) • • • • • • • • • • • • • • • • • • •	MA	RY BIRD						no	
4. Sex Female				MEDICAL CERTIFICATION  20. DATE OF DEATH December 23 1948 11.154.					
6,(b) Name of husband or  7. Birth date of deceased (mo., day, yr.	Apr	il 1, 1			21. I CERTIFY that	death occurred on the	e date above sta	ted; that lattended do	ceased from 19. 4.5
8. AGE: Years 60	Months 8	Days 21	It less than one	day min.		I death		Š	
10. Usual occupation  11. Industry or business	R D Jonas R	omestic amsburg			Due to		<u> </u>		
∑ 13. Birthplace	Marylan					nelude pregnancy	within 2 month	s of death)	
America Boller  14. Malden name Maryland  15. Birthplace Mrs. Ivan Naugle					Major findings of a	agfish to	rein	ma 7 m	ul 1948
16. Informant					PHYSICIAN: Plea	se underline the ea	use to which d	eath should be charg	ed statistically.
Na ai coo	hurmont	, MCI .	Dec	05 140	22. VIOLENCE: H	t death was due to ex	xternal causes, t	Ili in the following:	
Buria		Date thereof	nec.	25, 48		or homicide,			
(Burial, cremation, Cemetery or -casuator)	. Unit	ed/Bret		day) (year) UE RIDGE	White did Injury of	ccur?(City o	or town)	(County)	(State)
Location		Creage			•	ırm, industry, pub <sup>11</sup> c	place (where?)	***************************************	
18. Funeral director				722	Masns of Injury			Injured at work?	
Address Dog	Thur	nont Mo	1 An l	N. a.lo	23. SIGNATURE	M Fra	mfel.	· Sin	Que or other
19. L Date rec'd by regi	19.4.6		)	Registrat	Address flow	mon	1, Jug		12/23/4



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town State Sanatorium (If outside city or town limits, write RURAL and give nearest town)	statMaryland county Baltimore		
How long in above place of deathSince November 12, 1948	City or town		
Hospital, Instilution, or street address where death occurred:	Street No. 17 Hillton Avenue		
State Sanatorium	(If rural, give LOCATION)		
How long in hospital or institution? Since November 12, 1943	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex   5. Color or race   6. Co) Single, married, widowed, or divorced	029-03-9139		
4. Sex 5. Color or race 6.70) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH. December 28. 19. 48. 21. 8:20. A		
6.(b) Name of husband or wife Bernadine Ringgold	21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from		
7. Birth date of	November 12, 19 48 10December 289 48		
7. Birth date of deceased (mo., day, yr.) December 4, 1892	and that I last saw h. im_alive_on_December_28,18_48		
8. AGE: Yeare   Months   Days   It less than one day	Cardiac insufficiency DURATION		
56 2/4hrsmln.	Cardiac insufficiency 1 mo. Pulmonary Tuberculosis 11 yrs		
9. Birthplace Baltimore County, Maryland (Town, county, and state)	Due to.		
	905 (4		
10. Usual occupation Salesman	Due to.		
11. Industry or business			
12. Name John J. Ringgold  13. Birthplace Baltimore County, Maryland	Other conditions.		
	(Include pregnancy within 3 months of death)		
14. Maiden name Lula White	Major findings of operations.		
14. Maiden name Lula White 15. Birthplace Front Royal, Virginia	major nadings of operations.  Date of on.		
ts. Informant Patient	Antoney results.		
Address	PHYS1CIAN: Please underline the cause to which death should be charged statistically.		
0	22. V10LENCE: If death was due to external causes, fill in the following:		
	Accident, suicide, or homicide		
Cemetery or crematory St. Makeps Journa	Where did injury occur?		
Location #12, Baltimore, Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Telenry W. Jenking & Sous	Misene of Injury Injured at work?		
Address 4905 Clark Rd., Belto. Md.	D/ Ran.		
The special state of the state	23. SIGNATURE		
19	R. W. Ballin D. Achel		

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DEC 30 1948

BURRAU V. S.

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Frederick			
County Frede		Emmal	**************				
Frederick - Rural (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 16 Years				Punal - Fra	adan-	l ole	
				(If outside city or town	n iimits,	write RURAL and give n	neurest town)
Hospital, Institution, or	street address when	re death occurred	l:	Street No			******************
Emerger		7 Days	***************************************	No	(If rural, give LOCATION) None		
How long in hospital o		) Days		2.(a) tf veteran, name war			
3. (a) FULL NAM						3. (b) Social Securit	
JOS	EPH HENRY					217-12-	1356
4. Sex	5. Color or race	6.(a)Singl	e, marries, widowed, or divorced	MEDICA	L CE	RTIFICATION	
Male	White	Wi	dowed	2D. DATE OF DEATHDecen	mber	17th 19.48	6:50 P
6.(b) Name of bastand	or wife Rosa	E. Enso	r	21. I CERTIFY that death occurred on the d	date above	stated: fhaf lattended de	ceased from
		6.6	c) if alive give age	Jan L	19 %	6 10	19. T. 8
7. Birth date of	March	7, 1878	e) tf alive, give age				
deceased (mo., day,		Days	If less than one day	Immediata cause of death	1		21/2 year
70		10	hrs.	min .		£	
				1./		,	
9. BirthplaceN.S	W Windsor	n, county, and	11 County, Mary	Landoue to.			loglais
			ctor (Truck)				
				Due to		4444	*****
11. Industry or busines		Pohort	.S	Diher conditions Dialvetes	MO D	itus	eylars.
			,				merith
13. Birthplace	Carroll Co	Junty B	larry Tano	Und Delyle Bu	ithin 3 m	onths of death)	
里 14. Malden name	Mary D. C	riswell	\$	Major findings of operations			
E 15. Birthplace	Carroll C	ounty,	Maryland			Date of op	
14. Malden name 15. Birthplace 16. Informant	. Joseph	H. Robe	rts, Jr.	Autopsy results			
Address F1	rederick,	Marylan	d	PHYSICIAN: Please underline the cause			ed statistically.
			December 21,19	22. VIOLENCE: If death was due to exte			
17 Burial							
Cemetery or crematury Bethel Methodist Cemetery					Where did Injury occur?		
Location	Near (	oak Orch	ard, Maryland	injured at home, farm, industry, public pi	lace (whe		
18. Funeral director	C. E.	Cline &		Means of Injury		Injured af work?	
Address		rick, Ma	ry land	Respon	ud.	Humash h	P
20000		61	1. At 2 at. a.	23. SIGNATURE	.1/	/ M. I	D, or other
19. (Date rec'd by r	egistrur)		Regis	strar Address Placeuch	Md	Date signe	12/18/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and





Please Guery Burns: What caused the -2nd degree burn of back? Date Place Filead in Dec

2411 N. Charles St., Battimore

# CERTIFICATE OF DEATH

Reg. Diat. No..

1. PLACE OF DEATH: /	2. USUAL RESIDENCE (HOME) OF DECEASED:
County trederick	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State md County Frederick
How long In above place of death? 5 weeks	(If outside city or town limits, write RUKAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Frederick memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution? 5 weeks	2.(a) If veteran, name war. World War I
3. (a) FULL NAME	3. (b) Social Security Number
Jacob Edward Routzahu	215-10-2496
4. Sex S. Color or race 8.(a) Single, married, widowed, or differed	MEDICAL CERTIFICATION
m w Single	20. DATE OF DEATH Dec 12,48 19 at 750 P. 1
6.(b) Name of husband or wife	21 CERTIFY that death occurred on the date above stated: that I ettended deceased from
	1945, 10 Dec 17 19 48
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)  8 AGE: Years Months Days If less than one day	Immediais cause of death
o. Add.	Carcinova Boldina
5/ 10 / 28hrs. min.	Muladay
9. Birthplace Tredenck Co. (Town, county, and state)	Due to
10. Usual occupation Clerk - grocery store	
	Due to
11. Industry or business	
12. Name Wartes W. North Carrier	Diher conditions
13. Birthplace Trederick Co.	(Include pregnancy within 3 months of death)
14. Maiden name Toretta Isabelle Smutte.	Major findings of operations.
\$ 15. Birthplace Frederick Co.	Date of op.
16 Interment Mrs Charles S. Proutsalu	Autopsy results.
Address Walkersnille md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burisl, cremation, or removal, Which?)  Date thereof. Dic. 15, 1948 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or exemptory Mt. Hope	Where did injury occur? (City or town) (County) (State)
Location Woodsboro md.	Injured at home, farm, industry, public place (where?)
Location La Part	Maans of Injured at work?
18. Funeral director. V. C. Darton.	() 0000 1
Address Walkersmille, mal	Janell C. Los liday
19 14 Dec 1948 Elizabetas tech.	23. SIGNATURE M. D. opptier
(Date rec'd by registrar)  Registrar	Address Date signed Del 12, 4

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corresponding important. Physicians: please write the causes of death clearly and legibly.

PLEASE



DEC 15 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

. The correct age legibly.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE

MARGIN RESERVED FOR BINDING

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For previous infants give residence of mother)
County Mederal	, A . /
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 11. AM to 5:50 P.M., 12/29/48	(If outside city or town limits, write RURAL and give nearest town)
noepital, institution, or street address where death occurred.	Street No.
the deside Messivel thoughted	(If rural, give LOCATION)
How long in hospital or institution? day.	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Dr. Vercy ussell.	
4. Sex 5. Color or rece 8.(a) Singh, merried, widawad, or divorced	MEDICAL CERTIFICATION
male white married	20, DATE OF DEATH 12/2-9 10 48 , at 50 P
man P. a. De	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from
8.(6) Name of husband or wife. Mile agree. Tuesell	Dec. 29 1948 10 Dec. 29 1948
7. Birth data of	and that I last early 1 sand alive on Dec 29 19 4 5
deceased (mo., day, yr.) (ubsurum 181. 1866	Immediata cause ai death DURATION
8. AGE: Years Monthe Days It less than one day	
82hremin.	Gent Coming Thimbonia I day
9. Birtholace maryland.	Due 10.
(Town, county, and state)	
10. Vewat occupation Leured Times	Due to
11. Industry or business	
12. Name mu saacs tussell 13. Birthplace New Market Md.	Other conditions Asterna scherolic Cuard
	(Include pregnancy within 3 months of death)
14. Malden name Lucy Buckingham  15. Birthplace  MG	
I S Birthelpee	Major fiadings of aperations
Charles Burnell	Autopsy results MAN
18. Informant	PHYSICIAN: Please naderline the cause to which death should be charged statistically.
Address Sevalhonore Pa	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
17 Bund Date theroof Dec 31 1948 (Burial, eremation, or removal, Whiteh) (month) (day) (year)	Accident, suicide, or homicide
Cometery or commotory New Market Carnetey	Where did Injuly occur? (City or town) (County) (State)
Marie Market MA	Injured at home, farm, Industry, public place (where?)
Location	Meene of Injury Injured at work?
18. Funoral director	meets vi mini i
Address Rew Market Md	(1 (1. Jeans M.D.
Man 30 Ma SP. Date than a	23. SIGNATURE M. D. or other
(Data rec'd by registrar)	Address Date signed 12/25/43

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JAN 4 1949 BUREAU V. S. MARGIN RESERVED

12514

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

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131

E A A	18-2-4-49	CERTIFICA	TE OF DEATH	Reg. Dist. No.	
1. PLACE OF	DEATH:	ural R. F. D. #1	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Frederick  Adamstown-Rural R. F. D. #1  (If outside city or town limits, write RURAL and give nearest town)  Near Lily Pons  (If rural, give LOCATION)		
Hospital, Institution	, or street address where	ural R. F. D. #1  limits, write RURAL and give nearest town)  death occurred:			
How long in hospita	or institution?		2.(a) If veteran, name war. None		
3. (a) FULL NA		VIRGINIA SEARS		3. (b) Social Security Number None	
4. Sex	5. Color or race	6.(a)Single, merried, widowed, or divorced	MEDICAL C	ERTIFICATION	
F	W	S	20 DATE OF DEATH December	23rd 1948 1:40P	
	and or wife		21. I CERTIFY that death occurred on the date ab	ove stated; that I attended deceased from	
7. Birth date of deceased (mo., d	Cant	ember 11, 1940	and that I last saw h. O.P. DEAD Immediate cause of death. Shoeld	December 23, 19 48  Duration	
9. Birthplace NY	Lily Po	ns-Frederick-Marylan , county, and state)	Maria Pereliali	ig wound were	
1D. Usual occupati	on Public	School	Due to	(213/49 - ) a	
12. Name	ulton D. Frederic	Sears k County Maryland	Dther conditions		
14. Maiden na	Dorothy	Plunkard k County Maryland Sears	(Include pregnancy within 3		
≥ 15. Birthplace	T-34	R Country Mary Land			
16. intermant				hich death should be charged statistically.	
Burial, eroma	.1	Adamstown, Maryland Date thereof 12/27/48 Cacy Cemetery	22. VIOLENCE: If death was due to external ca	uses, fill in the following:	
Location	Beallsvil]	le, Maryland	tnjured at home, farm, industry, public place (	Showfalled at Mo	
1B. Funeral direct	M. R. E Frederi	tchison and Son ck, Maryland	P.W. Bon	DITO WINJURED 21 WORK?	
	ec 19 4.8	CD: 1 0. 1 12 0	23. SIGNATURE	yland Date Signed 12-23-48	

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BUREAU V. A.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

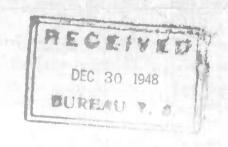
CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits write RURAL and give nearest town)  How long in above place of death?.  Roepital, Institution, or etreet address where deaty occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Cra May S	eiss 3. (b) Social Security Number
1. Sex 5. Color or race S.(a) Single, married, wildowed, or divorced  Temale White Maybe of	MEDICAL CERTIFICATION  20. DATE OF DEATH. LE 245:10A.
6.(b) Name of hueband or wife 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21. I CERTIFY that death occurred on the date above effect; that I attended deceased from  19. 48  19. 48  and that I lasteaw h. Sur. alive on December 23. 19. 48
8. AGE: Years Months Days If less than one day	Immediate cause of death
9. Birthplace Voodsloss - Frade, Med (Town, county, and state)	Due to Carcinoma of life
10. Usual occupation	Due to
12. Name	Other conditions
14. Maiden naple Mary Baker Saylor  15. Birthplace  M. Saylor  M.	Major findings of operations. Marse.  Date of op.
Address Thurmont, Mg	Actors results
(Burial, cremation, or remover, Which?)  Cemetery or crematory  Date fhereof (Month) (day) (year)	Accident, euicide, or homicide
Location Thumant mel.	Injured at home, farm, industry, public place (where?)
18. Funeral director June Magle & Doy Addrees Trumper Magle Magle Magnetic	23. SIGNATURE M. Frankl Birl Ul
19. (Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	

NG INK. Supply every item of information carefully sicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY, WITH U

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

12516

Reg. Diat. No. 138

1. PLACE OF DEATH: Trederick  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of muther)  State. MANY and County Fraction  (State. Many and County Fraction (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.			
3. (a) FULL NAME Anna, Mary Sewell	3. (b) Social Security Number			
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced  Fernal Black Widow  6.(b) Name of husband or wife Utilleann. It Persell  6.(c) It allow give are 1.	MEDICAL CERTIFICATION  20. DATE DF DEATH. De Ceruber 2 19 45 at 1 P N  21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19 48			
7. Birth date of deceased (mo., day, yr.) Lout Know ABT. 1874  8. AGE: Years Months Days It less than one day hrs. min.  9. Birthplace New Market Frederick & WA	and there last saw h. It alive on Nov 27 19.5.  Immediate cause of death DURATION 7 where  Due to.			
10. Usual occupation Hove Wife  11. Industry or business  12. Name Daniel 4059  13. Birthplace Frederick 65 Md	Due to.  Other conditions anewer permetone 3 yrc			
14. Maiden name lelara, Hall  15. Birthplace Frederick by Md,  16. Informant blass Nicey Sewell	(Include pregnancy within 8 months of deuth)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.			
17. Burial (Hurial, cremetor) Date thereof Sel. 5: 1948 (month) (duy) (year)  Cometery or crematory Simpson Chapul Cernetary  Location New Warket ma	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide			
18. Funeral director W& Falconer  Address New Market Md:  19. Market Md:  19. Market Md:  19. Market Md:  19. Market Md:  Registrar	Means of Injury  1 Injured at work?  23. SIGNATURE Except P. Roop M. D. or other  Address Mew Market Md M. D. or other  Address Mew Market Md Date signed / 3 - 4 - 48			

REAL SOUTH DELINE



BUREAU T. S.

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH 15

12517 131

1. PLACE OF	DEATH: derick		2. USUAL RESIDENCE (HOME) ( (For newborn infanta give residence of	OF DECEASED: f mother)			
County		imits, write RURAL and give nearest town)	State Pennsylvania County Hanover				
Hospital, Institution	lace of death?	dealh occurred:	Street No. 261 Frederic	(if outside city or town limits, write RURAL and give nearest town)			
***************************************	al or institution?		(If rural, give LOCATION)  2.(a) If veteran, name war				
3. (a) FULL NA	AME	LUTHER SHUFFLER, I	тт	3. (b) Social Security Number			
4. Sex	5. Color or race	6.(a) Single, married, willowed, or divorced		CERTIFICATION			
M	W	S		er 1, 48 11:15			
	Novem		and that I tast saw h alive on	945 10 00 194			
8. AGE:	Cears Months	Days If less than ons day	Immediate cause of death				
9. Birthplace	. Begg	rederick-Maryland	Due to	Jelis			
12. Name	rving L. S	huffler, Jr.	Dther conditions				
		port, Maryland	(Include pregnancy within a				
16. Informant		Shuffler, Jr. k St., Hanover, Pa.	PHYStCIAN: Please underline the cause to	which death should he charged statistically.			
Buri	Mount	12/3/48	22. VIOLENCE: tt death was due fo external c  Accident, suicide, or homicide	Date of			
Location		ick, Maryland	tnjured at home, farm, industry, public place (	(where?)tniured at work?			
18. Funeral direct Address 19. 3. 00	or	Etchison and Son Pick, Maryland Elizabeth y Hech	23. SIGNATURE BOTHS  Prederick, Mar	M. D.			

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MUREAU T. S.

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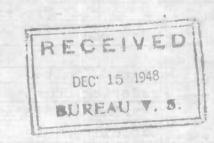
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

12518 175 8 131 Reg. Diat. No. 131

1. PLACE OF DEATH:  County Frederick  Chrotom Frederick-Rural  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Emergency Hospital  How long in hospital or institution?  2 Weeks					Count town limits.	write RURAL and give	nearest town)
3. (a) FULL NAM	Ē.		IAM SMITH			3. (b) Social Securit 220-26-59	
4. Sex	5. Color or race	6.(a)Singh	married, widewed, or divorced	MED	ICAL CE	RTIFICATION	
M	M		M			r 10, 48	6:25P
6.(%) Name of hveband  7. Birth date of deceased (mo., day, y	Sente		Lease c) If allve, give age 68 yea 29, 1883	21. I CERTIFY that death occurred o	n the date above	stated: that I attended de	19. 48.
8. AGE: Years 65		Days 11	If less than one day	erlbrol He	morrly		6 Al aults
10. Usual occupation	Retired	county, and s	ederick-Maryla <sup>(ate)</sup>	Due to			
13. Birthalaca F	rederick	Count	ty Maryland mpson y Maryland ith	Biher conditions (Include pregnan Major findings of operations.	cy within 8 m		20 gless
≥ 15. Birthplace	Carrott	Jount,	y Mary Land			Date of op	•••••
16. Informant	s. Blanc	ne Sm:	lth	Antopsy results			
Address 512	Trail Av	e., Fr	rederick, Md.	PHYSICIAN: Please underline the	canse te whi	th death should be charge	d statistically.
Burial (Burial, cremation) Cometery or eremate	Mount (	oli wet	12/13/48 (month) (day) (year) t Cemetery	22. VIOLENCE: If death was due t Accident, suicide, or homicide Where did injury occur?	200000000000000000000000000000000000000	Dale of	(State)
Location	Freder	ick, l	Maryland	Injured at home, farm, Industry, pub			
18. Funeral director	MR		son and Son	Means of Injury		Injured at work?	
Address		lck, 1	Maryland	Rose	nard	W. (1)	M D
19. \3 Dec	19.4.8	CD.	izabeth 5. Herbi	23. SIGNATURE Frederick.	······································	land Date signer	or other 12-11-48



PLEASE WRITE

. The correct age legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF D	ederick			2. USUAL RESIDENCE (FIOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Detour	Rura	I	State Md County Frederick		
City or town			RURAL and give nearest town)	City or town		
Hospital, Institution,	or street address where	death occurre	d:	Street No.		
***************************************		***************************************		(If rural, give LCATION)		
How long in hospital	or institution?			2.(a)    veteran, name war		
3. (a) FULL NAM	ME Clayt.	on Re	uben Snook.	3. (b) Social Security Number	er	
				No		
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	M	arried	20, DATE OF DEATH Dec. 3. 1948 at 12;05, A	.M	
	Emm	a Cat	herine Pittenge			
6.(b) Name of hueban	d or wife	•	66	Yelly 15 1948 10 Dec. 3	19 4-8	
	•••••	6.	(c) il alive, give ageyear	and that I las forw h the allve on 100 20	19 48	
7. Birth date of deceased (mo., day	yr.) Sept.	ISth.	1865		DURATION	
8. AGE: Yea		Days	Il less than one day	Total Country of the	Lega	
8	3 2	15	hrs min.			
9. Birthplace	Detour.	MD		and Chronic puelo-replatio 67	wood.	
9. Birthplace	Fonda	county, and	stired			
1D. Usual occupation	Parmo	. ,		Due to.		
11. Industry or busing	ese			50E (V		
	Wm Snoo	k		Other conditions		
12. Name	Carroll	***************************************	MD			
	Unknown	•		(Include pregnoncy within 3 months of death)		
14. Malden nam 15. Birthplace	Unkno	wn		Major fiedings of operations		
€ 15. Birthplace				Date of op.		
16. Informant Mr.	s Emma C	Sno	ok.	Actopsy results		
Address	Detour.	-		PHYSICIAN: Please underline the cause to which death should be charged statistic	ally.	
Buria	1		Dec. 5th. 4	22. VIOLENCE: 11 death was due to external causes, Illi in the following:		
17(Burial, crematic	on, or removal. Which?	Date the	reol (month) (day) (year)	Accident, suicide, or homicide		
		s Ce	metery	Where did injury occur?	e)	
	ar Ladies			Injured at home, larm, industry, public place (where?)		
Location			r & Son.	Meens of injury Injured at work?		
18. Funeral director	Th			The state of the s		
Address				Na Standard N.J.		
0.0	11 110	62	lanche S. Eyler	23. SIGNATURE M. D. or other		
19. Alle	T19.47.8	/.0	Registra	Address. Date signed 12/	4/48	

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BUREAU V, S.

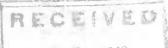
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MARYLAND S	STATE	DEPARTMENT	OF	HEALTI

2411 N. Charles St., Baftimore

# CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate
3, (a) FULL NAME	
George Was hington Surger	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) timele, married, widowed, as threed	MEDICAL CERTIFICATION
m w married	20, DATE OF DEATH Dec 23 1978, 21 7:30P
8. (b) Name of the or wife. Mary Tochner	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allive, give age	Dec/5 19 48 to DAC 23 19 48
7. Birth date of A L	and that I fact eaw h
deceased (mo., day, yr.) UET. 1869	Immediate cause of death
8. AGE: Years Monthe Days If less than one day	Interture obstruction
79 2 22min	<u></u>
9. Birippiace Frederick Co	Due to Carcinia toward
(Town, county, and atate)	¿ Muha toria
1D. Ueual occupation	Due 10
11, Industry or bueineee	
12. Name Charles E Suyder  13. Birthplace Frederick CO.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Saral Ellen Nusbanns  15. Birthplace Frederick Co.	
15. Birthplace Frederick Co.	Major findings of operations.
	— Date of op.
16. Informant Mus Transport Surjoles)	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Frederick (Route), Who.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, demetion or removal, Which?)  (Burial, demetion or removal, Which?)  (Burial, demetion or removal, Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	
Cemetery or oromatory	Where did injury occur?
Location Mr. Lebestertoron	Injured at home, farm, Industry, public place (where?)
18. Funeral director J. C. Barten	Meene of Injury Injured at work?
Addrese Walkersville, Md.	- 23 SIGNATURE anall & Costuday
1924 Dac 1924 Phialett Helia (Date rec'd by registrar)  Registrar	M. D. or other



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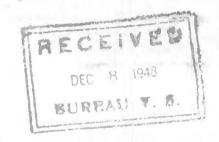
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BUREAU V. S.

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1. PLACE OF DEATH:

How long in above place of death?... Hospital, Inetitution, or etreet addi

How long in hospital or institution 3. (a) FULL NAME

6.(b) Name of husband or wiff

8. Birthplace. Mus

10. Veual occupation..... 11. Industry or business

13. Birthalace

(Data rec'd by registrar)

14. Maldsn na 15. Birthpisce

16. Interment Address

Yeere

7. Birth date of decssesd (mo., day, yr.)

8. AGE:

5. Celer e

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

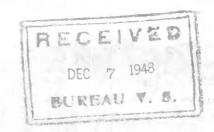
M. D. or other

CERTIFICAT	TE OF DEATH Reg. Dist. No. 13
or town limits, write RURAL and give nearest town)  ease where death occurred;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infonts give residence of mother)  State  County  City or tewn (If outside city or town limits, write RURAL and give nearest town)  Strest No.  (If purel, give LOCATION)  2.(a) If vateran, name war.
s. Bessie may Su	3. (b) Social Security Number
race 8.(a) Single: married, wildowed, or shorted wildowed. Calvin Summers	MEDICAL CERTIFICATION  20. DATE OF DEATH
	snd that I last saw home alive on the same alive of the same alive on the same alive of the same alive
(Town, county, and state)	Due to.  Due to.
erville, mrs.	Other conditions Cure Annual Annual Cure Company Compa
rylle, md.	Major findings of operations.  Date of op.  Actopsy results.  PHYSICIAN: Please onderline the cause to which death abould be charged statistically.
Date thereol. (month) (day) (year)	22. VIOLENCE: If desth was due to external causes, fill in the following;  Accident, eulcide, or homicide
letown, Ind. Lill Co. md.	Injured at home, farm, Industry, public place (where?)
	The property of the second

Address

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WRITE PLEASE VS



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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0	Dist.	BT-		5	Ł
reg.	Dist.	TAO.	 	******	₽.

How tong in about Hospital, Institute 253	rederi Frede (If outsi ve place of o tion, or stre West	ck rick de city or town death? 51 set address where Patrick	years death occurred Street	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Frederick  City or town. Frederick (If outside city or town limits, write RURAL and give nearest town)  Street No. 253 West Patrick Street  (If rurnl, give LOCATION)  None  2.(a) It veteran, name war. None				
3. (a) FULL	NAME	IAM D. T			3. (b) Social Security Number None				
4. Sex	5	. Color or race	6.(a)Singl	e, married, widawed, or divorced		ICAL CERTIFICATION			
Male		White	M	arried	20. DAYE DE DEATH. Dec	ember 19th	8 ,11:30 A		
7. Birth date of deceased (m		Octobe:		s Turner  2) If alive, give age	ears and that I last saw h.ialive	on Des 10 pec.	18. 48		
o, Aul.	82	2	12	hrs.	nin.	us - xeeuses	Sypas		
1D. Usual occu	business Du	Carpenter Lane Turk W York	r ler	rginia tate)					
14. Maide	n name	eorgian	na Fish	er Virginia urner	Major hadings bi operations				
≥   15. Birthp 16. Informant.				urner	Antapsy results	canse to which death should he cha	***************************************		
17. Bur: (Burial, er	ial  cremation, or	Mount (	Date ther	December 21,10 (month) (day) (yesr) Cemetery	22. VIOLENCE: If death was due to Accident, suicide, or homicide  Where did Injury occur?	to external causes, fill in the following:  Date of	(State)		
Location		Freder	ick, Ma	ryland		blic place (where?)			
18. Funeral di		Freder	ick, Ma	ryland =	Maens of Injury  23. SIGNATURE.		D, or other		
19. One	d by regist	19.68	اسا	Regis	trar Address Fudulle	Mt Date sig	ned DC . 20,194		

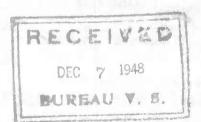
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

A15 AS



	TE OF DEATH		
1. PLACE OF DEATH:  County Frederick	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of		
City of Frederick (Rural) (If outside city or town limits, write RURAL and give nearest town)	State Maryland Con		
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 40 Years	(If outside city or town limit	s. write RURAL and give no	areat town)
Hospital, Institution, or street address where death occurred:	Sizesi No.		
Emergency Hospital	Mana	LOCATION)	
How long in hospital or institution? About 2 Weeks	2.(a) It veteran, name war NOME		
3. (a) FULL NAME		3. (b) Social Security	Number
ELIA LUCINDA WALTERS  4. Sex   5. Color or race   6.(a) Single, married, wildowed, or directed	MEDICAL	None	
1,004			0.00
	20. DATE OF DEATH	r 4th 1948	
8.(b) Name of husband or Charles E. Walters  6.(c) It alive, give age year deceased (mo., day, yr.)  October 22, 1865	and that I last saw hCalive on		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Chonic nephritis		
9. Birthplace	Oue to		
12. Name Thomas E. Hartsock  13. Birtholace Frederick County, Maryland	Other conditions Fracture neck	of femur	zmout
Frederick County, Maryland	Major fiedings of operations		
14. Maiden name Mary E. O'Dear  15. Birthplace Frederick County, Maryland  16. Informant Mr. William Walters	Anionay respits		
Address Frederick, Maryland	PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.
Burial Date thereof December 6, 1941  (Burial, eremation, or removal, Which?  Cemetery or erematory Oak Hill Cemetery	22. VIOLENCE: It death was due to external ca Accident, suicide, or nomicide	flate et	lable
Location Nr. Woodsboro, Maryland	Injured at home, tarm, industry, public place (v		149 alu
18. Funeral director. C. E. Cline & Son	Mesns of injury		u n
Address Frederick, Maryland	23. SIGNATURE Servan	1 Humas J	. Tu V-
1. le Dec 1.48 Elizabeth 5 Heck	Frederick, V	/ M. D	pea.



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

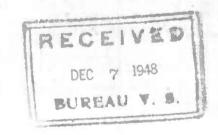
### CERTIFICATE OF DEATH

1. PLACE	reder:	H:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County				***************************************	State Maryland county Frederick	
City or town	(If outsi	de city or town l	imits, write R	URAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest to	
How long in ab	ove place of t	leath? Lif	etime			vn)
Hospital, Instit	ution, or stre	eet address where k Avenue	death occurred	:	Street No. 352 Park Avenue	
	) <u>c</u> 1 a1	V WACITOR			(If rural, give LOCATION)  None	
		tilulion?		***************************************		
3. (a) FULI					3. (b) Social Security Number	r
	ELEA	NOR JEAN	NETTE 1	NEAST	None	
4. Ser	5.	Color or race	6.(a)Stright	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Fema	ale	White	W:	idowed	20, DATE OFADEATH December 3rd 19 48 , a12:	0
6.(b) Name of husband or Hiram J. Weast				anet	21. I CERTIF, that death occurred on the date above stated; that I stended deceased trop	
6.(b) Name of	husband or	TILLE	UIL U . MI	549 V	WILLIAM ST. 1010. 3	19
			6.(	e) If alive, give agey	and that I tast saw h alive on	19
deceased (n	t no., day, yr.)	May	15, 18	59		DUR
8. AGE:	Years	Months	Days	If tess than one day	Immediate cause	
	89	6	18	hrs	in. Wastanana Reaso	A
	Nr. N	onrovia	Frede	rick Co. Marvla	المراقبة والمراقبة والمناقبة والمراقبة والمراقبة والمراقبة والمراقبة والمراقبة والمراقبة والمراقبة والمراقبة والمراقبة	
				rick Co., Maryla	COLLEGE ALMOTOR	3
10. Usual occ	upation	Housewi	ife		Proto	
11. Industry o					000 10	
-		sse Wall	cer		Riber conditions	
1				Maryland	Differ Conditions	
ca, 13. Birting	Ta	mimo Mon	2001111	intel 1 to only	(Include pregnancy within 3 months of death)	
臣 14. Malde	n name.	enilina mo	стел	•••••••••••••••••••••••••••••••••••••••	Major fiedings of operations	
S 15. Birth	place NI	. Hyatt	stown,	Maryland	Date of op.	
16. Informant	Mrs	s. R. Bri	ice Mur	Maryland doch	Aotopsy resolts	
Address	358	Park A	ve. Fr	ederick, Marylar	PHYSICIAN: Please underline the cause to which death should be charged statistic	ally
					22 VIOLENCE. It don't was due to external causes, till in the following:	
		Femoval, Which		(month) (day) (year)		
Cemetery or	cannotory	Pleas	ant Hil	1 Cemetery	Where did injury occur?	:)
Location Monrovia, Maryland					Injured at home, farm, Industry, public place (where?)	
An E		C. E. C	line &	Son	Meens of Injury Injured at work?	
	irector	Frederi				
Address		- I edel I	CU mort	· 1 (00 ) 1 (	23. SIGNATURE.	·····
19. 14.	d by regist	19/6.8	28	habelle J. Jtel	Address Abo Clerch Ne Date sign 412	1

Social Security Number None ICATION 12:00 A M Miended deceased from DURATION death) should be charged statistically the following: (County) (State) injured at work?

BINDING FOR RESERVED

PLEASE WRITE



The correct age legibly.

# PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

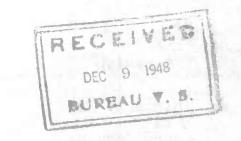
# A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DE	ATTICK			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)											
County Eylers Valley City or fown. (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? I.2 YNS Hospilai, Institution, or street address where death occurred:				State Md County Frederick											
				Evlers Valley											
				City or town.  (if outside eity or town limits, write RURAL and give nearest town)  Street No											
								How long in hospital o	or Institution?		······································	2.(a) if veteran, name war		***************************************	,
								3. (a) FULL NAM	E			3. (b) Social Security Number			
	Elmar	P.	Wolf	No											
4. Sex	5. Color or race	6.(a)Single	Wolfe, married, widowed, or divorced		AL CERTIFI										
Male	White	W	idowed	20. DATE DF DEATH Dec. 3rd. 1948 at 6;30 A;M											
	Eliza	Jane	Stottlemyer	21. I CERTIFY that death occurred on the											
6.(b) Name of husband	or wife			Dec. 1											
7. Birth date of	• = • • • • • • • • • • • • • • • • • •	8.(	c) If alive, give ageyears	and that I last saw h. Allaalive on	9) 2-		48								
7. Birth date of deceased (mo., day,	v.) March	31.	1868				DURATION								
8. AGE: Year		Days	If less than one day	Immediate cause of death	1		C. Los								
	80 8	2	hrsmin.		<b>7.</b>		W/05								
				- A conding in he	ation for										
9. Birthplace				Due 10. Charles	1	/2	. Cla . I								
10 Head accuration	Gunsm11	in		Caraca Caraca	A	4	Jes								
				Due fo											
11. Industry or busine	Hiram A.	Wolf		None	tolally-	2.0	en								
H	Md		***************************************	Other conditions			X								
				(Include pregnancy	within 3 months of o	death)									
14. Maiden name	Md			Major findings of operations		***************************************									
2 15. Birthplace															
	Mrs Clavi	ton M	c Afee	Antopsy results											
16. Informant Mrs. Clayton Mc Afee  Address Thurmont MD				PHYSICIAN: Please underline the case	use to which death	should be charged statistic	ally.								
Address	rial		Dec 5th 49	22. VIOLENCE: If death was due to ex	ternal causes, fill in t	the following:									
11				Accident, sulcide, or homicide	*****************************	Date of									
Cemetery or crematory Bethel Cemetery				Where did Injury occur?(City o											
Near Barfield. Nd							2)								
Location			er & Son	Injured at home, farm, Industry, public place (where?)											
18. Funeral director	m. Lie	Sep. 10	4 W DON	Means of Injury		njured at work?									
18. Funeral director Thurmont • MD • Address				1/2	the -	m. S.									
^	.1 ~	(A)	1 1500	23. SIGNATURE Aures		M. D. or other	Γ , β								
19 Deel.	4 1948		lauche D. tyler	1 (Rumuant	- Md.	Dafe signed 12/9	48								
(Date rec'd by r	egistrar)		Gegistrar	Address		Date signed	y								



.

correct age

1. PLACE OF DEATH:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

2. USUAL RESIDENCE (HOME) OF DECEASED:

12527

### CERTIFICATE OF DEATH

Reg. Dist. No. 3

County. Frederick City or tear Frederick (If outside city or town limits, write RURAL and give nearest tow How long in above place of death?. 50 Years Hospital, institution, or street address where death occurred: 21 Rosemont Avenue  How long in hospital or institution?  3. (a) FULL NAME	State Maryland County Frederick  City or town (If outside city or town limits, write RURAL and give nesrest town)  Street No. (If rural, give LOCATION)  None  3. (b) Social Security Number		
WAITER FRANKLIN ZEIGLER	212-10-0561		
4. Sex 5. Color or race 6.(a) Single; married, widowad, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH. December 14th 1948 ,2:35 P		
6.(b) Name of Australia or wite Mary E. Cauliflower  6.(c) If alive, give age 60  7. Sirth date of deceased (mo., day, yr.) March 27, 1883	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from		
8. AGE: Years   Months   Days   It less than one day	I how		
65 8 17hrs.	min.		
9. Birthplace Chambersburg, Pennsylvania (Town, county, and state)  1D. Usual occupation Plant Wire Chief  11. Industry or business C. & P. Telephone Co.  12. Name George A. Zeigler  13. Birthplace Nr. Carlisle, Pennsylvania  14. Maiden name. Clara Kurtz  15. Birthplace Nr. Carlisle, Pennsylvania  16. Intormant Mrs. Walter F. Zeigler	Due to  Due to  Diher conditions  (Include pregnancy within 8 months of death)  Major findings of operations  Date of op.		
16. Intermant Mrs. Walter F. Zeigler			
Address 21 Rosemont Ave., Frederick, Md.  Burial Date thereot December 16  (Burial, crematic) or removal. Which?  Cemetery or crematory Mount Olivet Cemetery  Location Frederick, Maryland	32. VIOLENCE: tf death was due to external causes, till in the tollowing; Accident, suicide, or homicide		
18. Funeral director. C. E. Cline & Son  Address Frederick, Maryland	Means of Injury  Mans of Injur		
19. Sold 19.68 Challes J. T. R.	egistrar Address 1. reduce & Date signed 12-15-41		

RECEIVED

DEC 18 1948

BUREAU Y. S.